MMWR™

Morbidity and Mortality Weekly Report

Weekly December 8, 2006 / Vol. 55 / No. 48

National Drunk and Drugged Driving Prevention Month — December 2006

December has been designated National Drunk and Drugged Driving Prevention Month (3D Month). 3D Month is supported by public and private-sector organizations committed to preventing crashes caused by impaired drivers.

In 2005, a total of 43,443 traffic fatalities occurred, 39% (16,885) of which were alcohol related (*1*). Among these alcohol-related fatalities, 86% (14,539) involved at least one driver, pedestrian, or bicyclist with a blood alcohol concentration (BAC) ≥0.08 g/dL, a level that is illegal in all states. Including both fatalities and persons who survived the crash, the percentage of persons with a BAC ≥0.08 g/dL was 32% for pedestrians, 27% for motorcycle operators, 22% for passenger-car drivers, and 21% for drivers of light trucks. Male drivers and drivers aged 21–24 years had the highest BACs. A previous conviction for driving while impaired had been recorded for 9% of drivers with BACs ≥0.08 g/dL who were involved in fatal crashes, and 25% had had their licenses suspended or revoked previously. Safety belts were used by only 28% of fatally injured drivers with BACs ≥0.08 g/dL, compared with 56% of fatally injured drivers with BACs of 0.00 g/dL.

A program planner, which contains sample public-service announcements, media tool kits, and program guidance for 3D Month, is available from the National Highway Traffic Safety Administration at http://www.stopimpaireddriving.org.

Reference

1. National Highway Traffic Safety Administration. Traffic safety facts, 2005 data: alcohol. Washington, DC: National Highway Traffic Safety Administration; 2006. DOT HS 810 616. Available at http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/ncsa/tsf2005/2005tsf/810_616/images/alcohol.pdf.

Alcohol and Other Drug Use Among Victims of Motor-Vehicle Crashes — West Virginia, 2004–2005

Alcohol use is a well-established risk factor for motor-vehicle crashes (*1*). In 2005, approximately 39% of all traffic fatalities in the United States were alcohol related (*2*). Evidence of driver impairment from use of drugs other than alcohol is less definitive. In 2005, an estimated 4.3% of persons in the United States reported driving under the influence of a drug used recreationally during the preceding year, and an unknown percentage drove while impaired by drugs being used for medical reasons (*3*). To measure the prevalence of alcohol and drug use among persons killed in motor-vehicle crashes in West Virginia (where test results were available for >80% of fatalities), CDC analyzed 2004 and 2005 data reported by the West Virginia Office of the Chief Medical Examiner (OCME) to the Fatality Analysis Reporting System (FARS) of the National Highway Traffic Safety Administration (NHTSA). This report summarizes the results of that analysis, which determined that the prevalence of drug use (25.8%) was similar to the prevalence of a blood alcohol concentration (BAC) ≥0.08 g/dL (27.7%) among persons killed in motor-vehicle crashes. These results suggest that drug use contributes substantially to driver impairment in West Virginia. Measuring the magnitude of this problem nationally will require better surveillance data. Both surveillance and the development of prevention measures are hampered by difficulties in quantifying and defining drug impairment.

INSIDE

1296 Gastrointestinal Injuries from Magnet Ingestion in Children — United States, 2003–2006
1300 Environmental Barriers to Health Care Among Persons with Disabilities — Los Angeles County, California, 2002–2003
1305 QuickStats

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

The *MMWR* series of publications is published by the Coordinating Center for Health Information and Service, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

Suggested Citation: Centers for Disease Control and Prevention. [Article title]. MMWR 2006;55:[inclusive page numbers].

Centers for Disease Control and Prevention

Julie L. Gerberding, MD, MPH
Director

Tanja Popovic, MD, PhD
(Acting) Chief Science Officer

James W. Stephens, PhD
(Acting) Associate Director for Science

Steven L. Solomon, MD
Director, Coordinating Center for Health Information and Service

Jay M. Bernhardt, PhD, MPH
Director, National Center for Health Marketing

Judith R. Aguilar
(Acting) Director, Division of Health Information Dissemination (Proposed)

Editorial and Production Staff

John S. Moran, MD, MPH
(Acting) Editor, MMWR *Series*

Suzanne M. Hewitt, MPA
Managing Editor, MMWR *Series*

Douglas W. Weatherwax
(Acting) Lead Technical Writer-Editor

Catherine H. Bricker, MS
Jude C. Rutledge
Writers-Editors

Beverly J. Holland
Lead Visual Information Specialist

Lynda G. Cupell
Malbea A. LaPete
Visual Information Specialists

Quang M. Doan, MBA
Erica R. Shaver
Information Technology Specialists

Editorial Board

William L. Roper, MD, MPH, Chapel Hill, NC, Chairman
Virginia A. Caine, MD, Indianapolis, IN
David W. Fleming, MD, Seattle, WA
William E. Halperin, MD, DrPH, MPH, Newark, NJ
Margaret A. Hamburg, MD, Washington, DC
King K. Holmes, MD, PhD, Seattle, WA
Deborah Holtzman, PhD, Atlanta, GA
John K. Iglehart, Bethesda, MD
Dennis G. Maki, MD, Madison, WI
Sue Mallonee, MPH, Oklahoma City, OK
Stanley A. Plotkin, MD, Doylestown, PA
Patricia Quinlisk, MD, MPH, Des Moines, IA
Patrick L. Remington, MD, MPH, Madison, WI
Barbara K. Rimer, DrPH, Chapel Hill, NC
John V. Rullan, MD, MPH, San Juan, PR
Anne Schuchat, MD, Atlanta, GA
Dixie E. Snider, MD, MPH, Atlanta, GA
John W. Ward, MD, Atlanta, GA

FARS is an active, nationwide, population-based surveillance system for motor-vehicle crashes that occur on public roadways and result in the death of a road user (e.g., driver, passenger, pedestrian, or bicyclist) within 30 days (*4*). FARS draws on law enforcement records, which include the results of alcohol and drug tests performed on persons killed in these crashes. In 2005, drug test results were available for fewer than half of all fatalities in FARS. However, in West Virginia, OCME routinely screens all victims of motor-vehicle fatalities for evidence of impairment from alcohol and licit and illicit drugs, including narcotics (e.g., heroin and opioid analgesics), marijuana, stimulants (e.g., cocaine and amphetamines), depressants (e.g., benzodiazepines and barbiturates), and other licit drugs (e.g., antidepressants and antihistamines) that might impair a road user. OCME confirms positive screening tests with gas chromatography/mass spectrometry testing. If multiple drugs are reported, FARS records up to three drugs based on the following priority order: 1) narcotics, 2) depressants, 3) stimulants, 4) marijuana, and 5) other licit drugs. Drugs administered to decedents by emergency medical service providers are not included. Results of hospital toxicology screenings performed on specimens before death are not included in FARS data from West Virginia unless no other valid postmortem specimen is available.

In 2004 and 2005, a total of 784 motor-vehicle fatalities resulted from crashes on public roads in West Virginia. Of these, 663 (84.6%) had alcohol test results, 660 (84.2%) had drug test results, and 658 (83.9%) had both. Those not tested were typically persons who did not have a valid antemortem sample available and survived too long after the crash for valid postmortem toxicologic testing. Among all drug tests, 78.6% were conducted on blood or both blood and urine. Nearly all of the remaining tests were urine tests only.

OCME detected alcohol in 32.5% of decedents tested for both alcohol and drugs (Table 1). Illegal BACs (≥0.08 g/dL) were detected in 27.7% of decedents, and BACs ranging from 0.01 to 0.07 g/dL were detected in 4.9%. The prevalence of detectable blood alcohol was higher in males and highest among persons aged 16–34 years. Drivers were more likely to have detectable blood alcohol levels than passengers.

Detectable levels of at least one drug were reported for 170 (25.8%) decedents. Of these, 149 (87.6%) had positive blood tests, and 21 (12.4%) had positive urine tests. The prevalence of detectable drug levels was higher in males and highest among persons aged 35–54 years. Drivers were more likely to have detectable drug levels than passengers. Among women and persons aged ≥55 years, drugs were more prevalent than alcohol. Nearly half (47.3%) of all decedents had alcohol or drugs in their bodies; 11.1% had both. Among decedents with detectable blood alcohol levels, 34.1% tested positive for drugs.

TABLE 1. Percentage of persons killed in motor-vehicle crashes who had positive alcohol or drug tests,* by sex, age group, and type of road user — West Virginia, 2004–2005

Characteristic	No.	Decedents testing positive (%) Alcohol†	One or more drugs§	Alcohol and drugs	Alcohol or drugs
Sex					
Male	463	39.3	27.2	13.4	53.1
Female	195	16.4	22.6	5.6	33.3
Age group (yrs)¶					
<16	30	20.0	6.7	3.3	23.3
16–34	271	41.7	26.2	11.8	56.1
35–54	214	37.4	36.4	16.8	57.0
≥55	142	9.9	13.4	2.8	20.4
Type of road user					
Driver	458	33.8	28.4	12.2	50.0
Passenger	150	26.7	19.3	8.0	38.0
Pedestrian	42	35.7	16.7	7.1	45.2
Other**	8	50.0	50.0	25.0	75.0
Total	**658**	**32.5**	**25.8**	**11.1**	**47.3**

* Restricted to 658 decedents with both alcohol and drug test results.
† Defined as a blood alcohol concentration ≥0.01 g/dL.
§ Including both licit and illicit drugs (e.g., narcotics, stimulants, marijuana, and depressants) that might impair a road user.
¶ Age of one decedent was unknown.
** Includes five bicyclists and three persons of unknown type.

Among decedents with no detectable blood alcohol levels, 21.8% tested positive for drugs.

Opioid analgesics and depressants were each found in 7.3% of tested decedents (Table 2). The three most common opioid analgesics were hydrocodone, oxycodone, and methadone. The depressants reported were sedatives and muscle relaxants, of which benzodiazepines accounted for 83.3%. The most common benzodiazepines were diazepam and alprazolam. Methamphetamines were involved in four of the five amphetamine reports. Overall, 7.6% of decedents and 9.0% of drivers had two or more of the five different types of drugs in their bodies.

Reported by: *J Kaplan, MD, J Kraner, PhD, West Virginia Office of the Chief Medical Examiner. L Paulozzi, MD, Div of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC.*

Editorial Note: The effects of drugs other than alcohol on drivers have been studied by laboratory testing of volunteers and epidemiologic studies comparing drug-positive and drug-negative drivers after crashes (*5–8*). Results vary by type of drug. Laboratory studies suggest marijuana and benzodiazepines impair driving performance, but the results of studies of crashes are inconsistent. Persons who are new users of opioid analgesics likely have impaired driving skills, but the low prevalence of opioids among drivers in previous crash studies has made their association with crash responsibility difficult to study. Evidence that stimulants impair driving performance is inconsistent. New users, occasional users, and persons who have increased their doses of drugs generally are more impaired than persons who have become tolerant of drugs through steady use, such as persons taking drugs daily as prescribed. Both combining alcohol with drugs and use of multiple drugs increase the risk for crashes.

TABLE 2. Number and percentage of persons killed in motor-vehicle crashes who had positive drug tests,* by type of road user and type of drug — West Virginia, 2004–2005

Type of drug	Type of road user: Driver (n = 458) No.	(%)	Other (n = 202) No.	(%)	Total (N = 660) No.	(%)
Opioid analgesics	36	(7.9)	12	(5.9)	**48**	**(7.3)**
Hydrocodone	13	(2.8)	3	(1.5)	**16**	**(2.4)**
Oxycodone	9	(2.0)	4	(1.9)	**13**	**(2.0)**
Methadone	7	(1.5)	3	(1.5)	**10**	**(1.5)**
All others	15	(3.3)	3	(1.5)	**18**	**(2.7)**
Depressants	36	(7.9)	12	(5.9)	**48**	**(7.3)**
Benzodiazepines	30	(6.6)	7	(3.5)	**37**	**(5.6)**
Barbiturates	6	(1.3)	5	(2.5)	**11**	**(1.7)**
Meprobamate/ Carisoprodol	3	(0.6)	0	(0.0)	**3**	**(0.5)**
Stimulants	25	(5.4)	7	(3.5)	**32**	**(4.8)**
Cocaine or its metabolites	20	(4.4)	7	(3.5)	**27**	**(4.1)**
Amphetamines	5	(1.1)	0	(0.0)	**5**	**(0.8)**
Marijuana	39	(8.5)	9	(4.4)	**48**	**(7.3)**
Other licit drugs†	43	(9.4)	10	(5.0)	**53**	**(8.0)**
One or more types of drugs	130	(28.4)	41	(20.3)	**171**	**(25.9)**
Two or more types of drugs	41	(9.0)	9	(4.4)	**50**	**(7.6)**

* Restricted to 660 decedents with drug test results.
† Includes drugs that might impair a road user (e.g., antidepressants and antihistamines).

The percentage of drug-positive drivers typically is lower than the percentage of alcohol-positive drivers in U.S. studies of motor-vehicle crashes (*6*). Recent reviews indicate that 5%–25% of drivers involved in motor-vehicle crashes have positive drug tests (*5–7*). An NHTSA study of U.S. motor-vehicle crashes during 1990–1991 determined that drugs were involved in 17.8% of driver fatalities (*9*). Marijuana has been the most common drug found in such studies of fatally injured drivers in North America, followed by cocaine, benzodiazepines, and amphetamines (*6*). This report differs from previous reports in terms of the relatively high prevalence of drugs among drivers in West Virginia and the finding that prescription drugs (e.g., opioid analgesics and depressants) were more prevalent than illicit drugs. In certain demographic groups of decedents, drugs were more prevalent than alcohol.

The findings in West Virginia cannot be extrapolated to the entire United States because of possible local differences in alcohol or drug use patterns. However, these results might reflect recent nationwide growth in the volume of prescriptions for opioid analgesics and other potentially

impairing medications. Such drugs are at times taken in combination or with alcohol. In an average week, at least 25% of U.S. adults take five or more prescription or over-the-counter drugs, and 7% take five or more prescription drugs (*10*). These results might also reflect a recent increase in abuse of prescription drugs; the number of U.S. persons who started recreational use of opioid analgesics, sedatives, and tranquilizers in the previous year increased substantially from 1990 to 2003 (*3*).

The findings in this report are subject to at least four limitations. First, FARS drug data lack detail; they do not describe the degree of intoxication, the type of use (medical or recreational), or the decedent's familiarity with the drug. Second, detection of a drug in a urine test might reflect previous drug use rather than use at the time of the crash. Third, the involvement of some types of drugs might have been underestimated because FARS captures data on only three drugs. Finally, this study can only estimate the contribution of drug and alcohol impairment to motor-vehicle crash mortality because some impaired drivers who died might not have been responsible for their crashes and because impaired drivers who survived crashes that killed other road users were not included.

Enforcement has been the primary approach to drug-impaired driving. However, enforcement has been hampered by technical challenges to performing sophisticated forensic testing in the field, difficulties obtaining laboratory results in time for legal proceedings, and lack of consensus on which levels or combinations of drugs constitute impairment. In addition, most states do not apply additional penalties for using drugs in combination with alcohol, so limited incentive exists to pay for drug tests in alcohol-impaired drivers (*6*). These problems also explain the incomplete data on drug use in FARS and the difficulties of performing epidemiologic studies of the crash risks from drugs. Given the changing patterns of drug use in the United States, especially the increased use and abuse of prescription drugs, annual testing of a representative sample of U.S. traffic fatalities for drug use should be considered. This sample might provide the basis for additional studies of the crash risk associated with specific types of drugs.

References

1. Ogden EJ, Moskowitz H. Effects of alcohol and other drugs on driver performance. Traffic Inj Prev 2004;5:185–98.
2. National Highway Traffic Safety Administration. Traffic safety facts, 2005 data: alcohol. Washington, DC: National Highway Traffic Safety Administration; 2006. DOT HS 810 616. Available at http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/ncsa/tsf2005/2005tsf/810_616/images/alcohol.pdf.
3. Substance Abuse and Mental Health Services Administration. Results from the 2004 National Survey on Drug Use and Health: national findings. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2005. SMA 05-4062. Available at http://www.drugabusestatistics.samhsa.gov.
4. National Highway Traffic Safety Administration. Fatality Analysis Reporting System. Available at http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/FARS.html.
5. Kelly E, Darke S, Ross J. A review of drug use and driving: epidemiology, impairment, risk factors and risk perceptions. Drug Alcohol Rev 2004;23:319–44.
6. Jones RK, Shinar D, Walsh JM. State of knowledge of drug-impaired driving. Washington, DC: National Highway Traffic Safety Administration; 2003. DOT HS 809 642. Available at http://www.nhtsa.dot.gov/people/injury/research/stateofknwlegedrugs/stateofknwlegedrugs.
7. Walsh JM, De Gier JJ, Christopherson AS, Verstraete AG. Drugs and driving. Traffic Inj Prev 2004;5:241–53.
8. Couper FJ, Logan BK. Drugs and human performance fact sheets. Washington, DC: National Highway Traffic Safety Administration; 2004. DOT HS 809 725. Available at http://www.nhtsa.gov/people/injury/research/job185drugs/drugs_web.pdf.
9. Terhune KW, Ippolito CA, Hendricks DL, et al. The incidence and role of drugs in fatally injured drivers. Washington, DC: National Highway Traffic Safety Administration; 1992. DOT HS 808 065.
10. Kaufman DW, Kelly JP, Rosenberg L, Anderson TE, Mitchell AA. Recent patterns of medication use in the ambulatory adult population of the United States. JAMA 2002;287:337–44.

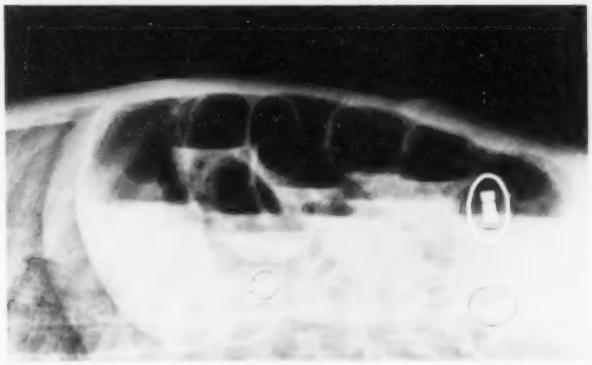
Gastrointestinal Injuries from Magnet Ingestion in Children — United States, 2003–2006

Ingestion of nonfood objects, inadvertently or intentionally, is common among young children and also occurs with older children and adolescents (*1–3*). Unless the objects are large or sharp, they usually pass through a child's digestive system without health consequences. However, the Consumer Product Safety Commission (CPSC) has become aware of toy products containing small, powerful rare-earth magnets* that pose unique health hazards to children (*4,5*). Since 2003, CPSC staff members have identified one death resulting from ingestion of these magnets and 19 other cases of injuries requiring gastrointestinal surgery. This report describes three selected cases and summarizes the 20 cases of magnet ingestion identified by CPSC that occurred during 2003–2006. Caregivers should keep small magnets away from young children and be aware of the unique risks (e.g., volvulus and bowel perforation) (Figure 1) that magnets pose if ingested. When evaluating children who have ingested objects, health-care providers should be aware of potential complications if magnets might be involved.

CPSC and the respective manufacturers announced voluntary recalls of Magnetix magnetic building sets by Rose Art Industries, Inc. (Livingston, New Jersey) in March 2006 and of Polly Pocket™ magnetic play sets by Mattel, Inc. (El Segundo, California) in November (*4,5*). However, other

* Commonly neodymium iron boron or samarium cobalt magnets.

FIGURE 1. Abdominal radiograph of a boy aged 3 years, noting three attached magnets that resulted in volvulus (i.e., twisting of the bowel) and multiple bowel perforations



Photo/Consumer Product Safety Commission

toys also include magnets. CPSC is working with the ASTM International[†] toy safety standard (F 963) subcommittee to address hazards associated with toys containing magnets.

Case 1

On November 22, 2005, a boy aged 20 months, who had been in excellent health, awoke several times during the night complaining of stomach pain. During the next 2 days, he ate little, slept more than usual, and had several episodes of vomiting. His parents thought he had symptoms similar to his father's illness the preceding week. On November 24, during the boy's morning and afternoon baths, his father noted red blotches and a bluish tinge to the boy's feet and hands. Concerned about dehydration, his parents offered cool water, which the boy drank readily. He immediately became lethargic, his abdomen became visibly distended, and he exhibited intermittent loss of consciousness. The boy was taken to an emergency department, where he went into cardiopulmonary arrest within minutes of arrival. Resuscitation efforts failed, and the boy died before a definitive diagnosis was made.

A radiograph taken during resuscitation revealed a large object, measuring 30 mm by 6 mm. Because of its size, the object was thought to be outside the patient. However, at autopsy, nine cylindrical magnets, 6 mm in diameter, were found stacked together in his abdomen. The magnets had magnetically joined across two loops of intestine, causing a volvulus (i.e., twisting of the bowel) that compromised the blood supply to the bowel and led to necrosis, perforation, and sepsis. The magnets had become dislodged from an older sibling's toy building set, which included multiple plastic shapes with magnets embedded in the corners and edges. Although the victim had not been permitted to play with this building set, he might have found dislodged magnets in the carpeting of the family playroom.

Case 2

On September 7, 2005, a boy aged 2 years, 6 months, who had been in excellent health, doubled over in pain, began vomiting, and then had diarrhea. The boy seemed to improve through the next week as his vomiting ceased, although his diarrhea and stomach ache continued. On September 15, after drinking a large amount of water, he began protracted vomiting. The next day, the boy's pediatrician diagnosed dehydration and a suspected bowel obstruction; the boy was sent immediately to the local hospital.

Hospital radiographs revealed a rod-shaped object in the boy's abdomen. His mother recognized the object as three magnetic, rod-shaped pieces from his older sibling's building set, which were attached end to end. The boy was transferred to a health-care facility that had a pediatric surgeon. During laparoscopy the next day, one piece, which had perforated the cecum, fell into the peritoneal cavity. That piece was recovered by open abdominal surgery; the remaining pieces were located in the stomach and removed endoscopically. Each piece measured 25 mm by 7 mm. When shown the pieces, the boy called them "candy." He was discharged from the hospital after 1 week.

Case 3

On May 5, 2006, while using his teeth to separate magnetic pieces from a toy building set, a boy aged 5 years, 1 month, inadvertently swallowed one of the pieces. The boy's mother became concerned he might have swallowed a button battery component of the set; she called the boy's pediatrician, who advised her to take him to a local hospital. Radiographs revealed the magnetic piece in the child's stomach. Doctors advised the mother that the piece would probably pass normally but that she should monitor the child's stool for up to 5 days. Two days later, the boy told his mother that he had swallowed another toy, a small metal ball; this did not concern her.

By May 18, the mother reported that the magnet and metal ball had not passed; the child's pediatrician ordered another radiograph. Imaging-center staff members reported finding two metal objects stuck together farther along the intestines and advised that they would probably pass naturally. However, on May 24, the pediatrician ordered another radiograph, which showed that the objects had not moved. The next day, the mother informed the pediatrician that she had learned of

[†] Originally known as the American Society for Testing and Materials.

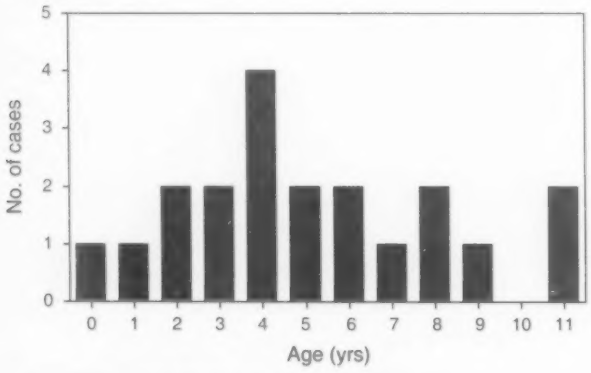
a fatality that occurred after ingestion of magnets. After consultation with specialists on May 26, an endoscopy was scheduled for May 31. On May 30, the boy began vomiting and was taken to the specialist's hospital and admitted. During endoscopy on May 31, the toy pieces could not be removed, and surgery was required. The surgeon removed two disc-shaped magnets, each 10 mm in diameter, from the boy's large intestine and a steel ball, also 10 mm in diameter, from the small intestine and resected the affected bowel. The patient was discharged on June 2.

Summary

Building sets and toys with powerful rare-earth magnets have been marketed for use by children as young as 3 years. Among the 20 identified cases of magnet ingestion injury, the patients ranged in age from 10 months to 11 years, 6 months (mean: 5 years, 6 months; median: 4 years, 9 months–5 years); 16 (80%) of the patients were aged ≥3 years (Figure 2). Boys accounted for 16 (80%) of the patients. One fatality caused by volvulus, bowel necrosis, and sepsis was identified. Diagnoses in 15 (75%) of the cases included bowel perforations; bowel obstruction and peritonitis each were cited in four cases, and volvulus was cited in three cases (Table). Of the 14 cases for which such data were available, hospital stays ranged from 3 to 19 days (mean: 8.7 days); at least five patients required intensive care.

Among the 20 patients, two children each swallowed 15 magnets; the other 18 children swallowed from one (plus a nonmagnetic metal piece) to nine magnets. In 12 cases, magnets had been dislodged from toy pieces; in three cases, entire magnetic pieces were swallowed intact. Ten children swallowed magnets from their own toys, three swallowed magnets from an older sibling's toy, and three swallowed magnets from toys at day care facilities or school. At least five of the children swallowed magnets or magnetic pieces intentionally, including two who thought they were candy and one who swallowed three magnets on a dare. Five children had potentially relevant conditions, including autism, attention-deficit/hyperactivity disorder, developmental delays, and neurologic disorder (Table).

FIGURE 2. Identified cases of children with gastrointestinal injuries from ingested magnets, by age — United States, 2003–2006



SOURCE: Consumer Product Safety Commission.

Reported by: *J Midgett, PhD, Div of Human Factors; S Inkster, PhD, Div of Health Sciences; R Rauchschwalbe, MS, M Gillice, Office of Compliance, Consumer Product Safety Commission. J Gilchrist, MD, Div of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC.*

Editorial Note: Recent improvements in manufacturing processes have made small, powerful magnets inexpensive and readily available, increasing the potential for exposure of children to magnets in toys and other products. Ingestion of multiple magnets, or ingestion of one magnet and a metal component attracted to magnets, poses a unique health hazard (*6,7*). Although these magnets generally are small enough to pass through the digestive tract, they can attach to each other across intestinal walls, causing obstructions and perforations. Initial signs and symptoms of injury are nonspecific, leading to delayed diagnosis and greater injury. Even when caregivers know a child has swallowed magnets, they might assume that such small pieces will pass normally. On radiologic examination, a health-care provider cannot ascertain whether objects swallowed are magnetic and whether they are in separate sections of the gastrointestinal tract with tissue between them. To aid with diagnosis, a compass might be passed close to the abdomen to determine whether an unidentified object in the bowel is magnetic.[§] Once magnetically attached across bowel walls, magnets are unlikely to disengage spontaneously.

Building sets and other toys containing magnets pose a substantial hazard to children who commonly mouth objects. Manufacturers of any consumer product containing magnets should take precautions to keep the magnets in their intended positions within plastic pieces and should consider making larger plastic pieces to minimize the likelihood of ingestion. Similar injuries have resulted from ingestion of magnetic beads, jewelry, and homeopathic aids (*8,9*).

Caregivers should keep products with magnets out of environments where children aged <6 years are playing and be aware of the unique risks if ingested. Magnets should never be used to emulate tongue or lip piercing. If caregivers suspect a child has ingested a magnet, they should seek health care

[§] The patient must be in an area clear of magnetic fields (e.g., computer monitors or electronic equipment).

TABLE. Characteristics of identified cases of children with gastrointestinal injuries from ingested magnets, by age — United States, 2003–2006

Age	Sex	No. of magnets and other pieces ingested	Diagnosis	Items ingested and circumstances	Potentially relevant conditions
10 mos	Boy	15 magnets	Foreign bodies embedded in stomach lining	Dislodged magnets from older sibling's toy	
20 mos	Boy	Nine magnets	Volvulus, necrosis, and sepsis resulting in death	Dislodged magnets from older sibling's toy	
2 yrs, 4 mos	Boy	Three magnets	Bowel perforations	Unknown	
2 yrs, 6 mos	Boy	Three rod-shaped pieces (with six magnets)	Small bowel obstruction; bowel perforations and ulcerations	Intact pieces of older sibling's toy; thought they were candy	
3 yrs, 5 mos	Boy	Three magnets	Ischemic small bowel from volvulus; 20 cm resected	Dislodged magnets from own toy	
3 yrs, 6 mos	Boy	Three magnets	Volvulus; eight bowel perforations	Dislodged magnets from own toy; thought they were candy	
4 yrs	Boy	Two magnets	Perforations in large and small bowel	Pieces from own toy	Autism
4 yrs, 2 mos	Boy	Three magnets	Peritonitis from cecal perforations	Dislodged magnets from own toy	
4 yrs, 6 mos	Boy	Three magnets	Foreign body causing small bowel obstruction; ileal fistula; peritonitis	Dislodged magnets from toy at day care facility	
4 yrs, 9 mos	Boy	Two magnets	Ileal obstruction; multiple small bowel perforations	Dislodged magnets from own toy	
5 yrs, 1 mo	Boy	Two magnets, plus one metal ball	Perforations in small and large bowel	While separating pieces with teeth, inadvertently ingested dislodged magnets from own toy; later swallowed a metal ball	
5 yrs, 8 mos	Boy	Four magnets	Intestinal obstruction; multiple bowel perforations	Intentionally swallowed four dislodged magnets from toy at day care facility	Possible attention-deficit/hyperactivity disorder (ADHD)
6 yrs	Boy	Five magnets	Three bowel perforations	Unknown	
6 yrs, 11 mos	Girl	One magnet, plus one metal disc	Superficial ulcerations where sections were affixed	Attached own toy as mock tongue piercing; inadvertently swallowed	
7 yrs	Girl	Two magnets	Bowel perforations; peritonitis	Unknown	
8 yrs	Girl	Two magnets	Bowel perforations	Unknown	
8 yrs, 2 mos	Boy	15 magnets	Bowel perforations; necrosis	Dislodged magnets from own toy at grandparents' home	Developmental delays
9 yrs, 4 mos	Girl	Three magnets, plus one metal ball	Four bowel perforations; peritonitis	Dislodged magnets from own toy	Neurologic disorder and developmental delays
11 yrs	Boy	One rod-shaped piece (with two magnets), plus one metal ball	Four bowel perforations	Intentionally swallowed intact piece of own toy and steel ball as experiment	
11 yrs, 6 mos	Boy	Three magnets	Pneumoperitoneum secondary to bowel perforations; 13 cm of colon resected	Intentionally swallowed classmate's magnets on a dare at school	ADHD

SOURCE: Consumer Product Safety Commission.

promptly. Caregivers also should be aware that children might be reticent to admit ingestion or unable to describe what they have ingested. Delays in diagnosis and treatment can lead to serious or fatal outcomes.

Additional information regarding toy hazard recalls is available at http://www.cpsc.gov/cpscpub/prerel/category/toy.html. Information on product recalls from CPSC and five other federal agencies is available at http://www.recalls.gov.

References

1. CDC. Nonfatal choking-related episodes among children—United States, 2001. MMWR 2002;51:945–8.
2. Kay M, Wyllie R. Pediatric foreign bodies and their management. Curr Gastroenterol Rep 2005;7:212–8.
3. Uyemura MC. Foreign body ingestion in children. Am Fam Physician 2005;72:287–91.
4. Consumer Product Safety Commission. Child's death prompts replacement program of magnetic building sets. Release 06-127. Washington, DC: Consumer Product Safety Commission; March 31, 2006. Available at http://www.cpsc.gov/cpscpub/prerel/prhtml06/06127.html.
5. Consumer Product Safety Commission. Serious injuries prompt recall of Mattel's Polly Pocket magnetic play sets. Release 07-039. Washington, DC: Consumer Product Safety Commission; November 21, 2006. Available at http://www.cpsc.gov/cpscpub/prerel/prhtml07/07039.html.
6. McCormick S, Brennan P, Yassa J, Shawis R. Children and mini-magnets: an almost fatal attraction. Emerg Med J 2002;19:71–3.
7. Oestreich AE. Danger of multiple magnets beyond the stomach in children. J Natl Med Assoc 2006;98:277–9.
8. Haraguchi M, Matsuo S, Tokail H, et al. Surgical intervention for the ingestion of multiple magnets by children. J Clin Gastroenterol 2004;38:915–6.
9. Tay ET, Weinberg G, Levin TL. Ingested magnets: the force within. Pediatr Emerg Care 2004;20:466–7.

Environmental Barriers to Health Care Among Persons with Disabilities — Los Angeles County, California, 2002–2003

In 2002, an estimated 51.2 million persons in the United States (approximately 18.1% of the population) had a disability (*1*). Recent data suggest that substantial disparities in health behaviors and overall health status exist between persons with and without disabilities (*2*). Nonetheless, when they have access to adequate health care, persons with disabilities can lead healthy lives (*3,4*). The World Health Organization's *International Classification of Functioning, Disability, and Health* stresses the importance of environment (e.g., physical environment, attitudes of others, or policies) as either a barrier or facilitator in the daily activities of persons with disabilities (*5*). In addition, increasing access to health and wellness treatment programs for persons with disabilities and reducing the proportion of persons with disabilities who report environmental barriers to participation in daily activities are goals of *Healthy People 2010* (objectives 6-10 and 6-12). However, few population-based studies have explored how environment affects the lives of those with disabilities. To determine the prevalence of disability among persons in Los Angeles County, California, and assess the effects of environmental barriers on these persons, residents were surveyed during 2002–2003. The results of that survey suggested that persons with physical or sensory disabilities experienced several environmental barriers and that the prevalence of barriers varied by demographic characteristics, household income, and severity of disability. To improve quality of life among persons with disabilities, public and private health agencies should implement measures to remove environmental barriers to health care and other services.

The Los Angeles County Health Survey is a biennial, random-digit–dialed telephone survey of the adult, noninstitutionalized population of Los Angeles County (*6*). Adults aged ≥18 years were surveyed during October 2002–February 2003, and interviews were conducted in several languages (i.e., English, Spanish, and four Asian languages). Of the 14,154 eligible adults contacted, 8,167 (57.7%) completed the interview. Persons were classified as having a disability if they answered "yes" to at least one of the following questions regarding any long-term impairment that lasted or was expected to last for at least 3 months: 1) "Are you limited in any way in any activities because of a physical, mental, or emotional problem?" 2) "Do you now have any health problems that require you to use special equipment such as a cane, a wheelchair, a special bed, or a special telephone?" and 3) "Do you consider yourself a person with a disability?" Persons who were classified as having a disability were then asked questions to determine whether their disability was physical, sensory, mental, or learning; respondents could report more than one type of disability. Respondents also were asked whether their disability was slight, moderate, or severe; definitions for severity level were not provided and were based on respondent perception.

This analysis was restricted to those who reported physical or sensory disabilities. Respondents were asked, "Which of the following best describes your disability?" Those who indicated that they experienced one or both of the following limitations were classified as having a physical disability: 1) a lack of mobility (e.g., walking or going upstairs) or 2) a limitation in body movement, such as standing, sitting, crouching, or bending or difficulty gripping, holding, or manipulating small objects or carrying light loads. Respondents who indicated that they experienced one or both of the following limitations were classified as having a sensory disability: 1) difficulty hearing (except for loud noises) or 2) difficulty seeing, including difficulty reading newspaper print.

The survey also assessed the prevalence of the following five environmental barriers related to disability: 1) experiencing restricted social activity, 2) not knowing where to obtain disability resource information, 3) needing home modifications but not having them, 4) having difficulty accessing a health-care provider's office because of its physical layout or location, and 5) being treated unfairly at a health-care provider's office. To determine the prevalence of these barriers, participants were asked the following questions: 1) "Do you agree with the statement 'I don't participate in as many social activities as I would like because of my disability?'" 2) "Do you know where to get information about community resources for people with disabilities?" 3) "Could you benefit from, but do not have, special modifications or adaptive equipment in your home?" 4) "Does the location or layout of your health-care provider's office keep you from getting needed care?" and 5) "Have you been treated unfairly by a health-care provider or the provider's staff because of a disability?" Data were weighted to reflect the sex, age, and racial/ethnic distribution of the county population on the basis of 2002 projections from the U.S. Census Bureau. Results were stratified by sex, age, race/ethnicity, household income, self-reported general health status, type of disability, and severity of disability. Results were age adjusted to the 2000 U.S. population aged ≥18 years.

Overall, 1,333 (17.3%) of 8,115 respondents in Los Angeles County reported having a physical or sensory disability, a percentage consistent with national estimates (*7–9*). The prevalence of disability was highest among those aged ≥60 years, non-Hispanic blacks, and men, with 517 (32.6%), 221 (28.7%), and 662 (18.3%) reporting disabilities, respectively. Among the 1,333 reporting physical or sensory disabilities, 1,220 (90.4%) reported a physical disability, and 700 (48.3%) reported a sensory disability; 587 (44%) reported both a physical and sensory disability. A total of 495 (35.5%) respondents reported having moderate disabilities, 481 (35.1%) reported severe disabilities, and 324 (29.3%) reported slight disabilities (Table 1).

Among persons with a physical or sensory disability, 1,123 (84.7%) reported environmental barriers related to their disability. A total of 820 (62.1%) reported that their disability restricted social activity; 256 (70.3%) persons with lower incomes, 144 (66.0%) blacks, and 257 (64.5%) Hispanics reported this barrier. Overall, 774 (60.4%) respondents did not know where to obtain disability resource information. Those who were aged 18–39 years, were not white (i.e., black, Hispanic, or Asian), or had lower incomes were most likely to report difficulty acquiring disability resource information (Table 2).

TABLE 1. Number and percentage of residents* of Los Angeles County with a physical or sensory disability, by selected characteristics — Los Angeles County Health Survey, California, 2002–2003

Characteristic	No.	(%†)	(95% CI§)
Total no. of persons with a disability	**1,333**	**(17.3)**	**(16.5–18.2)**
Type of disability¶			
Physical	1,220	(90.4)	(88.5–92.3)
Sensory	700	(48.3)	(45.4–51.2)
Severity of disability			
Slight	324	(29.3)	(26.5–32.2)
Moderate	495	(35.5)	(32.7–38.4)
Severe	481	(35.1)	(32.3–38.0)
Sex			
Male	662	(18.3)	(17.0–19.5)
Female	670	(16.5)	(15.4–17.6)
Age group (yrs)**			
18–39	289	(7.6)	(6.8–8.5)
40–59	526	(19.3)	(17.8–20.8)
≥60	517	(32.6)	(30.3–34.9)
Race/Ethnicity			
White, non-Hispanic	583	(18.5)	(17.1–19.8)
Hispanic	413	(16.1)	(14.7–17.6)
Black, non-Hispanic	221	(28.7)	(25.6–31.8)
Asian, non-Hispanic	110	(10)	(8.3–11.7)
Household income			
<100% FPL††	376	(25.9)	(23.8–28.1)
≥100% FPL	957	(15.4)	(14.5–16.2)
General health status			
Good/Excellent	651	(11.3)	(10.5–12.1)
Fair/Poor	680	(35.2)	(33.1–37.4)

* N = 8,115 respondents. Persons with missing information were excluded. Percentages might not equal 100 because of rounding.
† Age-adjusted to the 2000 U.S. standard population aged ≥18 years.
§ Confidence interval.
¶ Respondents could report more than one type of disability.
** Data not age adjusted.
†† Based on 2002 federal poverty level (FPL) thresholds at time of interview, which for a family of four (two adults and two dependents) correspond to annual incomes of $18,859 (100% FPL), $37,718 (200% FPL), and $56,557 (300% FPL).

A total of 311 (24.6%) persons with physical or sensory disabilities reported needing home modifications but not having them. Among those who needed home modifications, 114 (32.8%) had incomes below the 100% federal poverty level (FPL), which is an annual salary of $18,859 for a family of four (with two adults and two dependents). Of those with disabilities, 122 (32.1%) Hispanics and 83 (36.7%) blacks did not have needed modifications, compared with 74 (13.8%) whites (Table 2).

Twenty-two percent of persons with disabilities reported difficulty accessing a health-care provider's office because of the physical layout or location of the property. Prevalence was highest for blacks (276 [33.0%]) and those with lower incomes (104 [31.1%]). Difficulty accessing a provider's office increased with severity of disability. Approximately 167 (12.9%) reported unfair treatment at a provider's office

TABLE 2. Number and percentage of residents* of Los Angeles County with a physical or sensory disability reporting environmental barriers, by selected characteristics — Los Angeles County Health Survey, California, 2002–2003

Characteristic	Had restricted social activity			Did not know where to obtain disability resource information			Needed but did not have home modifications			Had difficulty accessing health-care provider's office			Treated unfairly at health-care provider's office because of disability		
	No.	(%†)	(95% CI§)	No.	(%)	(95% CI)	No.	(%)	(95% CI)	No.	(%)	(95% CI)	No.	(%)	(95% CI)
Overall	**820**	**(62.1)**	**(59.1–65.1)**	**774**	**(60.4)**	**(57.4–63.3)**	**311**	**(24.6)**	**(22.0–27.3)**	**276**	**(22.0)**	**(19.4–24.6)**	**167**	**(12.9)**	**(10.9–15.0)**
Sex															
Male	396	(60.1)	(56.0–64.2)	369	(59.4)	(55.4–63.4)	155	(23.9)	(20.1–27.7)	144	(23.0)	(19.4–26.6)	77	(11.9)	(9.2–14.6)
Female	424	(64.2)	(60.0–68.6)	403	(60.6)	(56.3–65.0)	155	(24.9)	(21.1–28.6)	132	(20.8)	(17.2–24.5)	89	(13.9)	(10.8–17.0)
Age group (yrs)¶															
18–39	170	(59.2)	(53.5–64.8)	181	(62.9)	(57.1–68.2)	78	(24.9)	(20.2–30.3)	68	(24.1)	(19.5–29.4)	39	(13.6)	(10.1–18.0)
40–59	326	(63.7)	(59.4–67.7)	314	(61.0)	(56.7–65.1)	123	(24.6)	(21.0–28.6)	100	(19.7)	(16.5–23.4)	65	(12.5)	(9.9–15.6)
≥60	324	(64.9)	(60.6–69.0)	279	(54.8)	(50.5–59.1)	118	(24.2)	(20.6–28.2)	108	(21.8)	(18.4–25.7)	63	(12.5)	(9.9–15.6)
Race/Ethnicity															
White, non-Hispanic	353	(60.6)	(55.5–65.7)	301	(47.7)	(42.4–52.8)	74	(13.8)	(10.1–17.4)	83	(14.4)	(10.8–18.1)	69	(14.7)	(10.8–18.7)
Hispanic	257	(64.5)	(59.6–69.4)	287	(70.8)	(66.2–75.3)	122	(32.1)	(27.2–36.9)	98	(26.0)	(21.5–30.6)	45	(10.0)	(6.6–13.4)
Black, non-Hispanic	144	(66.0)	(59.1–72.9)	140	(65.7)	(60.0–72.5)	83	(36.7)	(29.8–43.6)	72	(33.0)	(26.2–40.0)	43	(18.4)	(12.9–23.9)
Asian, non-Hispanic	62	(53.3)	(42.5–64.2)	71	(62.4)	(51.8–73.0)	31	(24.8)	(16.1–33.4)	21	(19.5)	(10.9–28.1)	9	(7.8)	(2.2–13.3)
Household Income															
<100% FPL**	256	(70.3)	(65.3–75.3)	255	(70.8)	(65.9–75.7)	114	(32.8)	(27.5–37.9)	104	(31.1)	(26.1–36.6)	60	(16.0)	(12.0–20.0)
≥100% FPL	564	(58.2)	(54.5–61.8)	518	(55.3)	(51.7–59.0)	197	(20.9)	(17.9–23.9)	171	(17.4)	(14.6–20.2)	107	(11.6)	(9.2–14.0)
Severity of disability															
Slight	132	(41.9)	(36.3–47.4)	182	(56.0)	(50.5–61.5)	47	(15.0)	(11.0–19.1)	44	(13.8)	(9.9–17.6)	23	(6.9)	(4.1–9.6)
Moderate	312	(66.0)	(60.9–71.0)	286	(61.4)	(56.1–66.6)	102	(21.8)	(17.3–26.3)	89	(20.6)	(16.1–25.2)	57	(13.8)	(9.8–17.7)
Severe	357	(75.8)	(71.1–80.5)	288	(63.3)	(58.2–68.4)	152	(34.0)	(28.7–39.2)	132	(30.9)	(25.7–36.1)	81	(18.0)	(13.7–22.2)

* N = 1,333 respondents with a disability. Persons with missing information were excluded.
† Age-adjusted to the 2000 U.S. standard population aged ≥18 years.
§ Confidence interval.
¶ Data not age adjusted.
** Based on 2002 federal poverty level (FPL) thresholds at time of interview, which for a family of four (two adults and two dependents) correspond to annual incomes of $18,859 (100% FPL), $37,718 (200% FPL), and $56,557 (300% FPL).

because of a disability; prevalence of reported unfair treatment increased with severity of disability and lower income (Table 2).

Reported by: *E Bancroft, MD, A Lightstone, MPH, P Simon, MD, Los Angeles County Dept of Health Svcs. J Crews, DPA, National Center on Birth Defects and Developmental Disabilities; E Baraban, PhD, EIS Officer, CDC.*

Editorial Note: These findings highlight the need for environmental improvements to reduce social isolation and facilitate activities of daily living among persons with disabilities. The results also underscore the need for public health practitioners, health-care providers, and community organizations to take a proactive role in removing environmental barriers. For example, social isolation might be decreased by ensuring that social venues such as movie theaters, restaurants, and stores are following the Americans With Disabilities Act building accessibility standards and by providing reliable, community-based transportation to such venues.

To increase access to information, public health practitioners might compile lists of community-related disability resource information and distribute them to local health-care centers and physicians' offices. Accessibility to offices of health-care providers could be improved by lowering service counters and examination tables and ensuring that scales are wheelchair accessible. Treatment by health-care providers could be improved by educating providers about ways to make appointments run more smoothly. For example, providers should sit down when addressing a person in a wheelchair, speak directly to the patient (rather than to a spouse or friend) when providing information, clearly enunciate when addressing a person with a hearing loss, and schedule extra appointment time for persons who might take longer to dress or get up and down from the examination table (because of a physical disability) or take longer to provide information (because of a sensory disability). In addition, researchers should consider including disability and environmental questions in other population-based surveys to assess the unmet needs of persons with disabilities. Taking these steps will help address certain CDC Health Protection Goals (priority areas for research, investment, and evaluation), one of which is achieving the best possible quality of life by increasing the number of adults who are able to participate fully in life activities (*10*).

The results of this study are subject to at least three limitations. First, the true prevalence of persons with disabilities might be underestimated because 42% of those contacted did not participate. In addition, the survey did not include residents of assisted-living facilities or nursing homes. Second, after stratifying the data, certain results might be statistically unreliable because of small sample sizes. Finally, because of the diversity and large geographic area and population size of Los Angeles County (i.e., approximately 4,000 square miles and 10.2 million residents), the results might not be generalizable to smaller or more homogenous populations.

The results indicate that 84.7% of persons with disabilities reported environmental barriers, including social isolation, trouble obtaining resource information, difficulty accessing needed health care because of the office layout or location of a health-care provider, and unfair treatment by a health-care provider. These results indicate the need for health-care providers and public health officials to address such concerns, in the community and the home, to improve overall health and quality of life and reduce the disparities that exist between persons with and without disabilities.

References

1. Steinmetz E. Americans with disabilities: 2002. Current population reports. Washington, DC: US Census Bureau; 2006. Available at http://www.census.gov/prod/2006pubs/p70-107.pdf.
2. CDC. 2006 disability and health state chartbook: profiles of health for adults with disabilities. Atlanta, GA: US Department of Health and Human Services, CDC; 2006.
3. US Department of Health and Human Services. The Surgeon General's call toaction to improve the health and wellness of persons with disabilities. Washington, DC: US Department of Health and Human Services, Office of the Surgeon General; 2005.
4. US Department of Health and Human Services. Healthy people 2010 (conference ed, in 2 vols). Washington, DC: US Department of Health and Human Services; 2000. Available at http://www.health.gov/healthypeople.
5. World Health Organization. International classification of functioning, disability, and health (ICF). Geneva, Switzerland: World Health Organization; 2001.
6. Simon PA, Wold CM, Cousineau MR, Fielding JE. Meeting the data needs of a local health department: the Los Angeles County Health Survey. Am J Public Health 2001;91:1950–2.
7. McNeil JM. Americans with disabilities: 1994–95. Washington, DC: US Department of Commerce, Economics, and Statistics Administration, Bureau of the Census; 1997. (Current populations report; series P70, no. 61).
8. CDC. State-specific prevalence of disability among adults—11 states and the District of Columbia, 1998. MMWR 2000;49:711–4.
9. CDC. Prevalence of disabilities and associated health conditions among adults—United States, 1999. MMWR 2001;50:120–5.
10. CDC. Health protection goals. Atlanta, GA: US Department of Health and Human Services, CDC; 2006. Available at http://www.cdc.gov/about/goals/health_protection_goals.pdf.

Erratum: Vol. 55, No. 17

In the report, "Worker Illness Related to Ground Application of Pesticide—Kern County, California, 2005," an error occurred in the first sentence on page 488. The sentence should read, "During 1998–2003 in California, 12% (297 of 2,470) of occupational pesticide illness reports were attributed to pesticide drift **(SENSOR-Pesticides Program, California, unpublished data, 2005)**."

Erratum: Vol. 55, No. 45

In the report, "Fatalities and Injuries from Falls Among Older Adults—United States, 1993–2003 and 2001–2005," an error occurred in the References on page 1224. Reference 9 should read, "**Miniño AM, Heron MP, Smith BL. Deaths: preliminary data for 2004. Natl Vital Stat Rep 2006;54(19).**"

Errata: Vol. 55, No. RR-15

In the *MMWR Recommendations and Reports*, "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)," in Table 9, on page 21, the vaccine storage temperatures in Celsius were incorrect for measles, mumps, rubella, and varicella vaccine; live-attenuated influenza vaccine; varicella vaccine; and herpes zoster vaccine. Following is the corrected table:

TABLE 9. Vaccine storage temperature recommendations

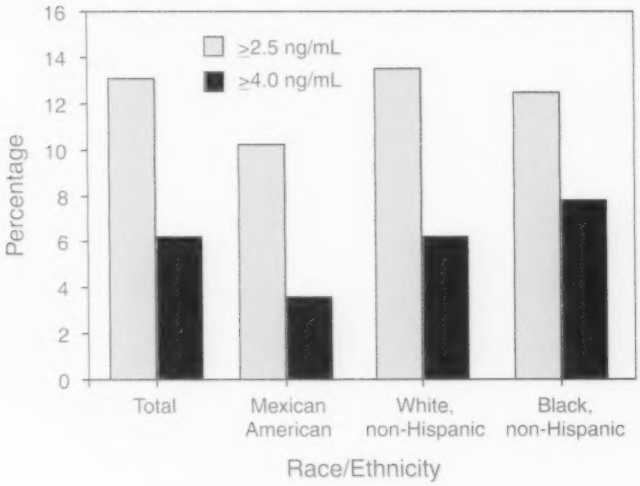
Vaccines	Vaccine storage temperature	Diluent storage temperature	Instructions
Diphtheria-tetanus, or pertussis-containing vaccines	35°F–46°F (2°C–8°C) Do not freeze	No diluent*	Aluminum adjuvant – irreversible loss of potency with exposure to freezing temperature
Haemophilus influenzae type b conjugate vaccines (Hib)	35°F–46°F (2°C–8°C) Do not freeze	35°F–46°F (2°C–8°C) Do not freeze	Several vaccine types with different thermostability profiles†
Hepatitis A and hepatitis B vaccines	35°F–46°F (2°C–8°C) Do not freeze	No diluent	Aluminum adjuvant – irreversible loss of potency with exposure to freezing temperature
Inactivated polio vaccine	35°F–46°F (2°C–8°C) Do not freeze	No diluent	Data on thermostability properties of this vaccine are lacking
Meningococcal conjugate vaccine	35°F–46°F (2°C–8°C) Do not freeze	No diluent	Data on thermostability properties of this vaccine are lacking. Do not expose to light
Meningococcal polysaccharide vaccine	35°F–46°F (2°C–8°C) Do not freeze	Data are lacking on ideal pre-reconstitution storage requirements. After reconstitution, vaccine should be stored at 35°F–46°F (2°C–8°C).Do not freeze	Lyophilized (freeze-dried) vaccine. Data on the effect of freezing temperatures on potency are lacking
Pneumococcal conjugate vaccine	35°F–46°F (2°C–8°C) Do not freeze	No diluent	Aluminum adjuvant – irreversible loss of potency with exposure to freezing temperatures
Pneumococcal polysaccharide vaccine	35°F–46°F (2°C–8°C) Do not freeze	No diluent	Data on thermostability properties of this vaccine are lacking
Measles, mumps, and rubella vaccine in the lyophilized (freeze-dried) state§	35°F–46°F (2°C–8°C) Lyophilized (freeze-dried) vaccine can be stored at freezer temperature	35°F–77°F (2°C–25°C) Can be refrigerated or stored at room temperature	Protect from light or temperatures above the recommended range
Measles, mumps, rubella, and varicella vaccine	**≤5°F (≤-15°C)**	35°F–77°F (2°C–25°C) Can be refrigerated or stored at room temperature	Protect from light
Trivalent inactivated influenza vaccine	35°F–46°F (2°C–8°C) Do not freeze	No diluent	Data on the thermostability properties of this vaccine are lacking
Live-attenuated influenza vaccine	**≤5°F (≤-15°C)**	No diluent	Do not expose to temperatures above the recommended range
Varicella vaccine	**≤5°F (≤-15°C)**	35°F–77°F (2°C–25°C) Can be refrigerated or stored at room temperature	Do not expose to light or temperatures above the recommended range
Herpes zoster vaccine	**≤5°F (≤-15°C)**	35°F–77°F (2°C–25°C) Can be refrigerated or stored at room temperature	Protect from light
Rotavirus	35°F–46°F (2°C–8°C) Do not freeze	No diluent	Protect from light
Human papillomavirus vaccine	35°F–46°F (2°C–8°C) Do not freeze	No diluent	Protect from light

* DTaP–Tripedia® is sometimes used as a diluent for ActHib®.
† ActHIB® (Aventis Pasteur, Lyon, France) in the lyophilized state is not expected to be affected detrimentally by freezing temperatures, although no data are available.
§ MMR in the lyophilized state is not affected detrimentally by freezing temperatures.
Adapted from Atkinson WL, Pickering LK, Watson JC, Peter G. General Immunization Practices. In: Plotkin SA, Orenstein WA, eds. Vaccine. 4th ed. Philadelphia: Elsevier; 2004. p. 1357-86 and CDC. Guidelines for maintaining and managing the vaccine cold chain. MMWR 2003;52:1023–5.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Men Aged ≥40 Years* with Prostate-Specific Antigen (PSA) Levels of ≥2.5 and ≥4.0 ng/mL, by Race/Ethnicity — National Health and Nutrition Examination Survey, United States, 2001–2004



* Men were excluded from PSA testing if they reported prostate cancer, current prostate infection, prostate biopsy, or cystoscopy within the preceding 30 days or digital rectal examination within the preceding 7 days.

Although screening for prostate cancer using the PSA test is common, clinicians are divided over whether the screening test is effective and whether a lower PSA threshold should be used to refer patients for prostate biopsy to rule out cancer. A PSA level of ≥4.0 ng/mL is the common threshold; however, certain researchers have recommended lowering the level to ≥2.5 ng/mL. During 2001–2004, approximately 6.2% (3.6 million) of men aged ≥40 years in the United States had a PSA level of ≥4.0 ng/mL, and approximately 13.1% had a PSA of ≥2.5 ng/mL. Differences among racial/ethnic groups tested were not statistically significant.

SOURCES: Lacher DA, Thompson TD, Hughes JP, Saraiya M. Total, free, and percent free prostate-specific antigen levels among U.S. men, 2001–04. Adv Data 2006;379. Available at http://www.cdc.gov/nchs/data/ad/ad379.pdf.

Catalona WJ, Loeb S, Han M. Viewpoint: expanding prostate cancer screening. Ann Intern Med 2006;144:441–3.

MMWR Continuing Education Exams Available for Credit

Title	*MMWR* Issue	Expiration Date
General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)	Vol. 55, No. RR-15	December 1, 2009
Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings	Vol. 55, No. RR-14	September 22, 2009
Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC Endorsed by the Advisory Council for the Elimination of Tuberculosis, the National Commission on Corrections Health Care, and the American Correctional Association	Vol. 55, No. RR-9	July 7, 2009
Mold Prevention Strategies and Possible Health Effects in the Aftermath of Hurricanes and Major Floods	Vol. 55, No. RR-8	June 9, 2009
Prevention of Hepatitis A through Active or Passive Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)	Vol. 55, No. RR-7	May 19, 2009
Recommendations to Improve Preconception Health and Health Care — United States: A Report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care	Vol. 55, No. RR-6	April 21, 2009
Diagnosis and Management of Tickborne Rickettsial Diseases: Rocky Mountain Spotted Fever, Ehrlichioses, and Anaplasmosis — United States: A Practical Guide for Physicians and Other Health-Care and Public Health Professionals	Vol. 55, No. RR-4	March 31, 2008
Preventing Tetanus, Diphtheria, and Pertussis Among Adolescents: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccines. Recommendations of the Advisory Committee on Immunization Practices (ACIP)	Vol. 55, No. RR-3	March 24, 2009
Surveillance Guidelines for Smallpox Vaccine (vaccinia) Adverse Reaction	Vol. 55, No. RR-1	February 3, 2009
Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005	Vol. 54, No. RR-17	December 30, 2008
A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Part 1: Immunization of Infants, Children, and Adolescents	Vol. 54, No. RR-16	December 23, 2008
Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis: Recommendations from the National Tuberculosis Controllers Association and CDC	Vol. 54, No. RR-15	December 16, 2008
Good Laboratory Practices for Waived Testing Sites: Survey Findings from Testing Sites Holding a Certificate of Waiver Under the Clinical Laboratory Improvement Amendments of 1988 and Recommendations for Promoting Quality Testing	Vol. 54, No. RR-13	November 11, 2007
Guidelines for Identifying and Referring Persons with Fetal Alcohol Syndrome	Vol. 54, No. RR-11	October 28, 2007
Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis	Vol. 54, No. RR-9	September 30, 2007
Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP)	Vol. 54, No. RR-7	May 27, 2008
Compendium of Measures To Prevent Disease Associated with Animals in Public Settings, 2005: National Association of State Public Health Veterinarians, Inc. (NASPHV)	Vol. 54, No. RR-4	March 25, 2007
Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV in the United States: Recommendations from the U.S. Department of Health and Human Services	Vol. 54, No. RR-2	January 21, 2008
Treating Opportunistic Infections Among HIV-Infected Adults and Adolescents: Recommendations from CDC, the National Institutes of Health, and the HIV Medicine Association/Infectious Diseases Society of America	Vol. 53, No. RR-15	December 17, 2007
Treating Opportunistic Infections Among HIV-Exposed and Infected Children: Recommendations from CDC, the National Institutes of Health, and the Infectious Diseases Society of America	Vol. 53, No. RR-14	December 3, 2007
Newborn Screening for Cystic Fibrosis: Evaluation of Benefits and Risks and Recommendations for State Newborn Screening Programs	Vol. 53, No. RR-13	October 15, 2007
Medical Examiners, Coroners, and Biologic Terrorism: A Guidebook for Surveillance and Case Management	Vol. 53, No. RR-8	June 11, 2007
Diagnosis and Management of Foodborne Illnesses: A Primer for Physicians and Other Health Care Professionals	Vol. 53, No. RR-4	April 16, 2007
Applying Public Health Strategies to Primary Immunodeficiency Diseases: A Potential Approach to Genetic Disorders	Vol. 53, No. RR-1	January 16, 2007
Guidelines for Infection Control in Dental Health-Care Settings — 2003	Vol. 52, No. RR-17	December 19, 2006

http://www.cdc.gov/mmwr/cme/conted.html

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending December 2, 2006 (48th Week)*

Disease	Current week	Cum 2006	5-year weekly average†	Total cases reported for previous years 2005	2004	2003	2002	2001	States reporting cases during current week (No.)
Anthrax	—	1	0	—	—	—	2	23	
Botulism:									
foodborne	—	13	1	19	16	20	28	39	
infant	—	73	1	90	87	76	69	97	
other (wound & unspecified)	1	44	1	33	30	33	21	19	CA (1)
Brucellosis	—	102	2	122	114	104	125	136	
Chancroid	1	27	1	17	30	54	67	38	TX (1)
Cholera	—	6	0	8	5	2	2	3	
Cyclosporiasis§	—	111	1	716	171	75	156	147	
Diphtheria	—	—	—	—	—	1	1	2	
Domestic arboviral diseases§,¶:									
California serogroup	—	52	1	80	112	108	164	128	
eastern equine	—	7	0	21	6	14	10	9	
Powassan	—	1	—	1	1	—	1	N	
St. Louis	—	7	0	13	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	35	404	9	790	537	362	511	261	NY (18), MN (16), MD (1)
human monocytic	14	375	5	521	338	321	216	142	NY (9), MN (2), AR (2), CA (1)
human (other & unspecified)	—	170	1	122	59	44	23	6	
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	9	0	9	19	32	34	—	
nonserotype b	—	76	3	135	135	117	144	—	
unknown serotype	4	179	3	217	177	227	153	—	OH (2), AZ (1), OR (1)
Hansen disease§	—	68	2	88	105	95	96	79	
Hantavirus pulmonary syndrome§	—	29	0	29	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal§	2	222	4	221	200	178	216	202	OH (1), CA (1)
Hepatitis C viral, acute	4	687	28	751	713	1,102	1,835	3,976	NE (1), TN (1), OR (1), CA (1)
HIV infection, pediatric (age <13 yrs)§,††	—	52	6	380	436	504	420	543	
Influenza-associated pediatric mortality§,§§	—	40	0	45	—	N	N	N	
Listeriosis	8	661	14	892	753	696	665	613	NY (1), PA (1), DC (1), VA (1), FL (1), TX (1), WA (1), CA (1)
Measles¶¶	1	45	1	66	37	56	44	116	MN (1)
Meningococcal disease, invasive***:									
A, C, Y, & W-135	—	179	5	297	—	—	—	—	
serogroup B	1	112	4	157	—	—	—	—	WA (1)
other serogroup	1	20	0	27	—	—	—	—	FL (1)
Mumps	73	6,201	5	314	258	231	270	266	PA (3), MN (67), NE (1), KS (2)
Plague	—	16	0	8	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	—	19	0	19	12	12	18	25	
Q fever§	—	139	1	139	70	71	61	26	
Rabies, human	—	2	0	2	7	2	3	1	
Rubella	—	9	—	11	10	7	18	23	
Rubella, congenital syndrome	—	1	0	1	—	1	1	3	
SARS-CoV§,†††	—	—	—	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	85	1	129	132	161	118	77	
Streptococcus pneumoniae,§									
invasive disease (age <5 yrs)	11	1,009	19	1,257	1,162	845	513	498	NH (1), NY (3), IN (5), CO (1), AZ (1)
Syphilis, congenital (age <1 yr)	1	249	8	361	353	413	412	441	AZ (1)
Tetanus	—	19	1	27	34	20	25	37	
Toxic-shock syndrome (other than streptococcal)§	1	89	2	96	95	133	109	127	CA (1)
Trichinellosis	—	11	0	19	5	6	14	22	
Tularemia§	1	81	2	154	134	129	90	129	OH (1)
Typhoid fever	2	250	5	324	322	356	321	368	CT (1), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	—	C	—	2	—	N	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	3	1	N	N	N	
Yellow fever	—	—	—	—	—	—	1	—	

—: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.

* Incidence data for reporting year 2006 are provisional, whereas data for 2001, 2002, 2003, 2004, and 2005 are finalized.

† Calculated by summing the incidence counts for the current week, the two weeks preceding the current week, and the two weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf.

§ Not notifiable in all states.

¶ Includes both neuroinvasive and non-neuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed) (ArboNET Surveillance).

** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (proposed). Implementation of HIV reporting influences the number of cases reported. Pediatric HIV data will not be updated monthly for the remainder of this year due to upgrading of the national HIV/AIDS surveillance data management system. Data for HIV/AIDS are available in Table IV quarterly.

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases (proposed).

¶¶ The one measles case reported for the current week was indigenous.

*** Data for meningococcal disease (all serogroups and unknown serogroups) are available in Table II.

††† Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed).

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending December 2, 2006, and December 3, 2005 (48th Week)*

Reporting area	Chlamydia† Current week	Chlamydia† Previous 52 weeks Med	Chlamydia† Previous 52 weeks Max	Chlamydia† Cum 2006	Chlamydia† Cum 2005	Coccidioidomycosis Current week	Coccidioidomycosis Previous 52 weeks Med	Coccidioidomycosis Previous 52 weeks Max	Coccidioidomycosis Cum 2006	Coccidioidomycosis Cum 2005	Cryptosporidiosis Current week	Cryptosporidiosis Previous 52 weeks Med	Cryptosporidiosis Previous 52 weeks Max	Cryptosporidiosis Cum 2006	Cryptosporidiosis Cum 2005
United States	11,826	19,362	35,170	880,622	882,722	153	150	1,643	7,334	4,242	52	71	594	4,842	7,274
New England	620	650	1,550	30,488	29,762	—	0	0	—	—	2	4	36	274	339
Connecticut	126	174	1,214	8,640	8,796	N	0	0	N	N	—	0	33	33	78
Maine§	49	42	66	2,091	2,084	N	0	0	N	N	—	0	5	40	30
Massachusetts	407	294	606	14,235	13,273	—	0	0	—	—	—	1	14	88	145
New Hampshire	17	38	71	1,824	1,698	—	0	0	—	—	1	1	5	49	36
Rhode Island	3	63	107	2,687	3,021	—	0	0	—	—	—	0	6	14	13
Vermont§	18	20	43	1,011	890	N	0	0	N	N	1	0	5	50	37
Mid. Atlantic	1,879	2,417	3,696	111,286	109,590	—	0	0	—	—	5	11	444	546	3,156
New Jersey	—	363	496	16,110	17,725	N	0	0	N	N	—	0	3	11	57
New York (Upstate)	695	499	1,727	22,491	22,031	N	0	0	N	N	4	3	441	168	2,692
New York City	530	698	1,567	35,631	35,669	N	0	0	N	N	—	2	7	106	143
Pennsylvania	654	785	1,104	37,054	34,165	N	0	0	N	N	1	4	17	261	264
E.N. Central	1,025	3,144	12,578	143,113	150,618	—	1	3	43	11	16	15	105	1,186	1,584
Illinois	—	977	1,697	47,285	46,855	—	0	0	—	—	—	2	18	140	157
Indiana	464	390	478	18,078	18,473	N	0	0	N	N	7	1	18	97	81
Michigan	389	658	9,888	31,866	26,245	—	0	3	37	11	1	2	8	134	106
Ohio	52	636	1,424	28,389	40,041	—	0	2	6	—	8	4	33	343	754
Wisconsin	120	385	531	17,495	19,004	N	0	0	N	N	—	5	53	472	486
W.N. Central	624	1,163	1,455	54,509	54,421	—	0	12	1	4	2	12	77	809	595
Iowa	—	159	225	7,495	6,824	N	0	0	N	N	—	1	28	167	120
Kansas	208	150	269	6,664	6,840	N	0	0	N	N	—	1	8	78	39
Minnesota	—	237	347	10,459	11,324	—	0	12	—	3	1	3	22	215	134
Missouri	240	446	613	20,945	20,676	—	0	1	1	1	—	2	21	174	244
Nebraska§	112	99	176	4,990	4,676	N	0	0	N	N	1	1	16	92	27
North Dakota	7	32	61	1,541	1,543	N	0	0	N	N	—	0	4	9	1
South Dakota	57	51	116	2,415	2,538	N	0	0	N	N	—	1	7	74	30
S. Atlantic	3,281	3,723	4,944	172,105	161,850	—	0	1	3	2	24	15	68	1,087	711
Delaware	89	67	92	3,301	3,128	N	0	0	N	N	—	0	3	15	6
District of Columbia	58	53	138	2,690	3,475	—	0	0	—	—	1	0	2	15	15
Florida	789	961	1,169	44,953	39,663	N	0	0	N	N	10	6	32	514	331
Georgia	15	693	2,142	30,423	28,953	—	0	0	—	—	13	4	14	243	141
Maryland§	348	337	487	16,626	17,140	—	0	1	3	2	—	0	3	19	31
North Carolina	867	593	1,772	31,085	29,093	N	0	0	N	N	—	1	11	93	84
South Carolina§	448	332	1,452	18,070	17,230	N	0	0	N	N	—	1	13	123	24
Virginia§	617	430	840	22,062	20,642	N	0	0	N	N	—	1	6	55	65
West Virginia	50	59	227	2,895	2,526	N	0	0	N	N	—	0	3	10	14
E.S. Central	1,147	1,420	1,947	68,413	64,112	—	0	0	—	—	1	3	12	177	214
Alabama§	91	410	756	19,122	15,371	N	0	0	N	N	—	1	10	82	25
Kentucky	162	163	613	8,038	7,843	N	0	0	N	N	—	1	5	35	141
Mississippi	330	374	807	17,670	19,468	—	0	0	—	—	—	0	3	16	2
Tennessee§	564	513	609	23,583	21,430	N	0	0	N	N	1	0	5	44	46
W.S. Central	1,070	2,177	3,605	99,739	101,721	—	0	1	2	—	—	4	44	322	221
Arkansas	223	153	335	7,609	7,903	—	0	1	1	—	—	0	2	20	6
Louisiana	31	235	607	11,885	16,011	—	0	1	1	N	—	0	9	67	81
Oklahoma	—	227	2,159	11,232	10,658	N	0	0	N	N	—	1	4	38	42
Texas§	816	1,479	1,900	69,013	67,149	N	0	0	N	N	—	2	35	197	92
Mountain	330	1,025	1,839	46,591	57,502	92	108	452	4,972	2,709	1	3	39	363	135
Arizona	216	368	881	17,510	19,280	92	105	448	4,846	2,605	—	0	3	24	10
Colorado	—	143	395	5,480	14,194	N	0	0	N	N	1	1	7	68	49
Idaho§	—	46	191	2,333	2,515	N	0	0	N	N	—	0	5	35	14
Montana§	29	45	195	2,348	2,119	N	0	0	N	N	—	1	26	132	20
Nevada§	—	85	432	4,569	6,549	—	1	4	52	63	—	0	1	9	11
New Mexico§	—	189	339	8,477	7,577	—	0	3	15	19	—	0	5	28	17
Utah	85	94	176	4,652	4,189	—	1	3	57	19	—	0	3	19	11
Wyoming	—	27	54	1,222	1,079	—	0	2	2	3	—	0	11	48	3
Pacific	1,850	3,319	5,079	154,378	153,146	61	43	1,179	2,313	1,516	1	1	52	78	319
Alaska	—	82	152	3,657	3,931	—	0	0	—	—	—	0	1	4	3
California	1,244	2,601	4,231	121,416	118,834	61	43	1,179	2,313	1,516	—	0	14	—	192
Hawaii	—	101	135	4,735	5,102	N	0	0	N	N	—	0	1	4	1
Oregon§	286	170	315	8,223	8,230	N	0	0	N	N	1	1	7	70	67
Washington	320	348	604	16,347	17,049	N	0	0	N	N	—	0	38	—	56
American Samoa	U	0	46	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	18	27	—	795	—	0	0	—	—	—	0	0	—	—
Puerto Rico	77	93	190	4,133	3,718	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	5	16	178	196	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 2, 2006, and December 3, 2005 (48th Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005
United States	191	318	1,029	15,653	17,712	4,210	6,595	14,136	306,685	304,297	29	40	142	1,824	2,043
New England	4	22	75	1,101	1,580	102	110	288	5,136	5,333	1	2	19	139	151
Connecticut	—	1	31	271	347	34	42	241	2,053	2,253	1	0	9	44	44
Maine†	4	2	13	170	193	5	2	8	122	130	—	0	4	19	11
Massachusetts	—	9	18	357	696	52	47	87	2,262	2,326	—	1	7	52	72
New Hampshire	—	0	9	28	61	—	3	9	176	165	—	0	2	9	8
Rhode Island	—	1	25	102	107	9	9	19	460	404	—	0	7	6	7
Vermont†	—	3	12	173	176	2	1	4	63	55	—	0	2	9	9
Mid. Atlantic	29	64	254	3,057	3,212	557	655	1,014	30,093	31,577	4	7	30	350	399
New Jersey	—	9	13	339	427	—	102	160	4,580	5,270	—	0	4	—	84
New York (Upstate)	20	24	227	1,164	1,118	194	121	455	5,813	6,483	1	3	27	131	112
New York City	2	15	29	812	838	140	175	378	9,017	9,572	—	2	6	80	73
Pennsylvania	7	16	32	742	829	223	225	399	10,683	10,252	3	3	8	139	130
E.N. Central	23	48	82	2,239	3,105	551	1,285	7,047	58,580	61,074	5	5	14	255	344
Illinois	—	9	21	359	734	—	378	711	18,051	18,506	—	1	6	47	114
Indiana	N	0	0	N	N	165	161	248	7,991	7,466	—	1	11	73	62
Michigan	5	14	37	636	740	312	260	5,880	13,569	10,566	—	0	3	20	23
Ohio	18	16	32	762	742	26	303	648	12,994	19,120	5	2	6	84	103
Wisconsin	—	10	40	482	889	48	133	172	5,975	5,416	—	0	4	31	42
W.N. Central	9	28	260	1,633	2,085	201	372	444	17,245	17,334	4	2	15	142	108
Iowa	—	5	15	267	264	—	36	62	1,665	1,515	—	0	1	2	—
Kansas	2	3	11	186	197	59	41	124	1,870	2,374	—	0	3	15	17
Minnesota	5	1	238	486	894	—	62	105	2,693	3,236	4	0	9	76	41
Missouri	—	9	28	492	486	101	190	252	9,233	8,720	—	0	6	32	32
Nebraska†	2	2	9	108	111	33	27	56	1,320	1,061	—	0	2	8	15
North Dakota	—	0	7	17	18	2	3	7	117	109	—	0	3	9	3
South Dakota	—	1	5	77	115	6	7	15	347	319	—	0	0	—	—
S. Atlantic	30	50	95	2,443	2,550	1,456	1,613	2,334	77,158	71,588	7	10	24	491	486
Delaware	—	0	4	36	54	35	27	44	1,371	822	—	0	1	1	—
District of Columbia	3	1	4	60	52	32	35	61	1,721	1,976	1	0	2	8	10
Florida	20	19	44	1,042	893	360	458	548	21,252	18,428	1	3	9	156	124
Georgia	2	11	28	530	691	11	345	1,014	15,406	13,610	4	2	6	94	103
Maryland†	5	3	11	200	198	147	125	189	6,035	6,479	—	1	5	64	70
North Carolina	N	0	0	N	N	543	310	766	16,223	14,016	1	0	9	52	72
South Carolina†	—	1	7	97	101	178	145	704	8,155	7,997	—	1	3	32	33
Virginia†	—	8	50	445	516	138	130	288	6,075	7,609	—	1	8	65	48
West Virginia	—	0	6	33	45	12	18	43	920	651	—	0	4	19	26
E.S. Central	20	8	41	505	398	451	576	869	27,698	25,792	2	2	7	97	109
Alabama†	16	5	29	287	183	55	190	311	8,802	8,553	—	0	5	22	17
Kentucky	N	0	0	N	N	71	56	180	2,937	2,763	—	0	1	5	12
Mississippi	—	0	0	—	—	133	149	435	6,967	6,522	1	0	1	4	—
Tennessee†	4	4	12	218	215	192	191	238	8,992	7,954	1	1	4	66	80
W.S. Central	—	5	31	279	305	457	898	1,430	43,230	41,512	—	1	15	61	107
Arkansas	—	2	8	126	80	99	81	142	3,949	4,141	—	0	2	7	7
Louisiana	—	0	5	34	59	90	142	354	7,451	8,886	—	0	3	11	35
Oklahoma	—	2	24	119	166	—	82	764	4,189	4,244	—	1	14	43	57
Texas†	N	0	0	N	N	268	568	915	27,641	24,241	—	0	1	—	8
Mountain	24	30	66	1,552	1,450	57	222	552	10,638	12,287	5	4	8	178	200
Arizona	4	3	36	145	138	36	92	201	4,322	4,425	2	1	7	80	98
Colorado	7	9	33	511	505	—	44	85	2,067	2,954	3	1	4	48	40
Idaho†	—	3	12	173	145	—	2	15	139	108	—	0	1	6	5
Montana†	—	2	11	103	71	1	3	20	180	138	—	0	0	—	—
Nevada†	—	1	8	85	108	—	25	194	1,475	2,529	—	0	1	1	14
New Mexico†	—	1	6	66	86	—	32	65	1,540	1,405	—	0	4	24	25
Utah	13	7	25	433	370	20	18	25	805	653	—	0	4	16	9
Wyoming	—	1	4	36	27	—	2	6	110	75	—	0	1	3	9
Pacific	52	59	202	2,844	3,027	378	798	967	36,907	37,800	1	2	15	111	139
Alaska	—	1	17	96	108	—	11	24	501	537	—	0	2	9	27
California	44	43	105	2,022	2,154	258	660	834	30,431	31,471	—	0	9	27	56
Hawaii	1	1	3	45	60	1	18	29	807	952	—	0	1	19	9
Oregon†	4	8	14	360	393	34	27	49	1,242	1,440	1	1	6	54	47
Washington	3	7	90	321	312	85	76	142	3,926	3,400	—	0	4	2	—
American Samoa	U	0	0	U	U	U	0	2	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	11	—	4	15	—	85	—	0	1	—	14
Puerto Rico	1	1	12	78	247	1	5	16	248	336	—	0	0	—	4
U.S. Virgin Islands	—	0	0	—	—	—	0	5	30	45	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 2, 2006, and December 3, 2005 (48th Week)*

Reporting area	Hepatitis (viral, acute), by type: A — Current week	A — Previous 52 weeks Med	A — Previous 52 weeks Max	A — Cum 2006	A — Cum 2005	Hepatitis (viral, acute), by type: B — Current week	B — Previous 52 weeks Med	B — Previous 52 weeks Max	B — Cum 2006	B — Cum 2005	Legionellosis — Current week	Legionellosis — Previous 52 weeks Med	Legionellosis — Previous 52 weeks Max	Legionellosis — Cum 2006	Legionellosis — Cum 2005
United States	37	67	245	3,098	3,874	32	83	574	3,727	4,454	28	41	127	2,229	2,062
New England	2	3	20	155	436	—	2	8	88	144	—	2	12	115	144
Connecticut	2	1	2	39	48	—	0	3	29	45	—	0	9	49	33
Maine†	—	0	2	6	6	—	0	2	20	12	—	0	2	8	7
Massachusetts	—	0	6	51	281	—	0	5	14	49	—	0	4	27	65
New Hampshire	—	0	16	37	80	—	0	2	13	29	—	0	1	1	9
Rhode Island	—	0	4	14	15	—	0	4	9	3	—	0	10	22	21
Vermont†	—	0	2	8	6	—	0	1	3	6	—	0	2	8	9
Mid. Atlantic	6	6	17	328	617	1	8	55	387	611	6	14	47	836	724
New Jersey	—	1	5	71	146	—	2	8	96	226	—	1	11	96	117
New York (Upstate)	5	1	14	89	93	1	1	43	58	56	2	6	30	307	197
New York City	—	2	10	107	282	—	2	5	82	124	—	2	15	128	113
Pennsylvania	1	1	5	61	96	—	3	9	151	205	4	4	18	305	297
E.N. Central	2	6	13	285	348	3	8	24	372	533	10	8	26	447	419
Illinois	—	1	4	61	120	—	1	7	60	150	—	0	4	21	57
Indiana	—	0	5	29	19	—	0	17	53	40	—	0	4	34	31
Michigan	—	2	8	107	114	—	3	6	131	176	1	3	11	134	110
Ohio	2	1	4	51	49	3	2	10	120	123	9	3	19	222	187
Wisconsin	—	1	4	37	46	—	0	2	8	44	—	0	5	36	34
W.N. Central	—	2	30	121	85	—	3	22	150	255	—	1	15	74	93
Iowa	—	0	2	11	19	—	0	3	16	27	—	0	3	10	8
Kansas	—	0	5	26	16	—	0	2	10	27	—	0	2	6	3
Minnesota	—	0	29	16	3	—	0	13	23	29	—	0	11	24	26
Missouri	—	1	3	43	30	—	1	6	78	141	—	0	3	20	29
Nebraska†	—	0	2	17	16	—	0	3	20	24	—	0	2	9	4
North Dakota	—	0	2	—	—	—	0	0	—	—	—	0	1	—	2
South Dakota	—	0	3	8	1	—	0	1	3	7	—	0	1	5	21
S. Atlantic	2	10	29	517	684	15	23	66	1,071	1,284	7	8	19	416	390
Delaware	—	0	2	12	6	—	1	4	46	30	—	0	2	12	16
District of Columbia	—	0	2	8	4	2	0	2	9	11	2	0	5	32	12
Florida	2	4	13	200	273	7	8	19	385	448	2	3	9	148	107
Georgia	—	1	5	58	121	3	3	8	157	191	—	0	3	23	37
Maryland†	—	1	6	61	71	1	3	10	139	146	3	1	7	87	106
North Carolina	—	0	20	94	82	1	0	23	148	150	—	0	5	34	31
South Carolina†	—	0	3	23	42	1	2	7	75	143	—	0	1	4	15
Virginia†	—	1	11	55	81	—	1	18	62	125	—	1	7	61	45
West Virginia	—	0	3	6	4	—	0	18	50	40	—	0	3	15	21
E.S. Central	—	2	8	118	232	2	6	18	335	345	—	1	9	95	83
Alabama†	—	0	3	18	43	—	2	12	112	87	—	0	2	10	13
Kentucky	—	0	5	31	24	—	1	5	66	66	—	0	5	39	30
Mississippi	—	0	1	9	19	1	1	3	34	49	—	0	2	3	3
Tennessee†	—	1	5	60	146	1	2	7	123	143	—	1	7	43	37
W.S. Central	1	7	77	324	446	—	13	315	667	588	—	0	32	49	44
Arkansas	—	0	9	38	19	—	1	3	50	67	—	0	3	3	6
Louisiana	—	0	4	20	62	—	0	5	33	67	—	0	2	4	3
Oklahoma	—	0	3	9	5	—	0	17	70	39	—	0	6	7	7
Texas†	1	5	73	257	360	—	11	295	514	415	—	0	26	35	28
Mountain	4	5	17	244	310	—	3	16	129	175	3	2	8	116	92
Arizona	2	2	16	146	171	—	0	2	6	—	2	1	4	37	23
Colorado	2	1	4	38	43	—	1	5	34	53	1	0	2	22	19
Idaho†	—	0	2	9	21	—	0	2	13	16	—	0	3	11	4
Montana†	—	0	3	11	10	—	0	7	—	3	—	0	1	6	6
Nevada†	—	0	2	11	21	—	1	5	30	47	—	0	2	8	19
New Mexico†	—	0	3	13	24	—	0	2	19	18	—	0	1	5	4
Utah	—	0	2	13	19	—	0	5	27	36	—	0	6	27	13
Wyoming	—	0	1	3	1	—	0	1	—	2	—	0	0	—	4
Pacific	20	18	163	1,006	716	11	11	61	528	519	2	1	9	81	73
Alaska	—	0	0	—	4	—	0	3	9	7	—	0	0	—	1
California	20	15	162	904	599	9	8	41	391	350	2	1	9	81	69
Hawaii	—	0	3	12	24	—	0	1	6	9	—	0	0	—	3
Oregon†	—	1	5	43	44	1	1	5	76	94	N	0	0	N	N
Washington	—	0	13	47	45	1	0	18	46	59	—	0	0	—	—
American Samoa	U	0	0	U	1	U	0	0	U	—	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	2	—	0	0	—	18	—	0	0	—	—
Puerto Rico	—	0	6	30	63	4	0	8	31	51	1	0	1	2	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 2, 2006, and December 3, 2005 (48th Week)*

Reporting area	Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	252	229	2,153	16,176	20,513	13	26	125	1,181	1,288
New England	10	30	780	2,837	3,804	—	1	11	46	70
Connecticut	3	11	753	1,650	933	—	0	3	11	20
Maine†	6	1	34	280	241	—	0	1	4	5
Massachusetts	—	0	14	33	2,301	—	0	3	19	36
New Hampshire	—	4	92	544	239	—	0	3	10	6
Rhode Island	—	0	93	235	37	—	0	8	1	2
Vermont†	1	1	15	95	53	—	0	1	1	1
Mid. Atlantic	138	125	1,176	9,121	11,675	1	5	13	262	338
New Jersey	—	22	173	1,918	3,311	—	0	3	28	75
New York (Upstate)	135	58	1,150	3,869	3,808	—	1	11	46	48
New York City	—	1	18	154	389	—	3	9	144	181
Pennsylvania	3	40	235	3,180	4,167	1	1	4	44	34
E.N. Central	3	10	146	1,395	1,709	1	2	7	117	140
Illinois	—	0	1	—	127	—	1	4	45	73
Indiana	2	0	3	21	30	1	0	3	11	8
Michigan	1	1	6	54	59	—	0	2	17	21
Ohio	—	1	5	43	53	—	0	3	27	24
Wisconsin	—	9	142	1,277	1,440	—	0	2	17	14
W.N. Central	53	5	169	771	899	1	0	32	60	46
Iowa	—	1	8	87	91	—	0	1	2	8
Kansas	—	0	2	4	3	—	0	2	7	7
Minnesota	53	2	167	658	786	1	0	30	38	11
Missouri	—	0	2	10	14	—	0	1	6	17
Nebraska†	—	0	2	11	3	—	0	1	5	3
North Dakota	—	0	3	—	—	—	0	1	1	—
South Dakota	—	0	1	1	2	—	0	1	1	—
S. Atlantic	45	26	115	1,764	2,178	6	6	15	303	286
Delaware	2	7	28	454	631	—	0	1	5	3
District of Columbia	—	0	7	56	8	—	0	2	5	9
Florida	4	1	5	53	44	4	1	4	59	58
Georgia	—	0	1	7	6	1	1	6	78	47
Maryland†	24	13	72	860	1,172	1	1	5	66	95
North Carolina	—	0	4	29	44	—	0	8	28	30
South Carolina†	—	0	2	18	19	—	0	2	9	10
Virginia†	15	3	25	273	237	—	1	9	51	31
West Virginia	—	0	44	14	17	—	0	1	2	3
E.S. Central	1	0	3	33	35	—	0	3	22	29
Alabama†	1	0	3	13	3	—	0	2	9	6
Kentucky	—	0	2	7	5	—	0	1	4	10
Mississippi	—	0	1	1	—	—	0	1	4	—
Tennessee†	—	0	2	12	27	—	0	2	5	13
W.S. Central	—	0	3	18	76	—	2	31	83	117
Arkansas	—	0	1	—	4	—	0	1	2	6
Louisiana	—	0	0	—	3	—	0	1	5	5
Oklahoma	—	0	0	—	—	—	0	2	7	10
Texas†	—	0	3	18	69	—	1	29	69	96
Mountain	—	0	3	26	21	2	1	9	67	52
Arizona	—	0	2	8	8	1	0	9	23	13
Colorado	—	0	1	1	—	1	0	2	16	24
Idaho†	—	0	2	6	2	—	0	1	1	—
Montana†	—	0	0	—	—	—	0	1	2	—
Nevada†	—	0	1	2	3	—	0	1	4	3
New Mexico†	—	0	1	2	3	—	0	1	4	3
Utah	—	0	1	6	2	—	0	2	17	7
Wyoming	—	0	1	1	3	—	0	0	—	2
Pacific	2	4	16	211	116	2	4	13	221	210
Alaska	—	0	1	3	4	—	0	4	23	6
California	2	4	15	192	81	2	3	10	146	155
Hawaii	N	0	0	N	N	—	0	2	8	18
Oregon†	—	0	2	13	21	—	0	2	12	13
Washington	—	0	3	3	10	—	0	5	32	18
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	1	4
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 2, 2006, and December 3, 2005 (48th Week)*

Reporting area	Meningococcal disease, invasive: All serogroups: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005	Meningococcal disease, invasive: Serogroup unknown: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005	Pertussis: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005
United States	12	19	85	943	1,111	9	12	58	632	690	147	255	2,877	11,807	21,421
New England	—	1	3	42	67	—	0	2	28	22	12	24	83	1,071	1,409
Connecticut	—	0	2	10	14	—	0	2	3	1	—	1	5	45	71
Maine†	—	0	1	6	2	—	0	1	4	2	—	1	11	89	53
Massachusetts	—	0	2	15	30	—	0	2	15	5	—	16	43	594	1,059
New Hampshire	—	0	2	6	12	—	0	2	6	12	4	2	36	180	105
Rhode Island	—	0	1	2	4	—	0	0	—	—	8	0	17	58	36
Vermont†	—	0	1	3	5	—	0	0	—	2	—	2	14	105	85
Mid. Atlantic	3	2	13	119	142	3	2	11	115	110	25	36	137	1,690	1,236
New Jersey	—	0	2	16	31	—	0	2	16	31	—	3	13	185	175
New York (Upstate)	—	0	7	—	38	—	0	5	—	14	20	15	123	803	486
New York City	—	1	4	58	24	—	1	4	58	24	—	1	8	64	102
Pennsylvania	3	1	5	45	49	3	0	5	41	41	5	13	26	638	473
E.N. Central	1	2	11	111	153	—	1	6	78	121	27	38	133	1,760	3,626
Illinois	—	0	4	18	33	—	0	4	18	33	—	5	23	231	876
Indiana	—	0	5	22	18	—	0	1	8	8	2	4	75	223	312
Michigan	—	0	3	20	34	—	0	1	9	18	7	9	39	572	295
Ohio	1	1	4	43	43	—	1	3	35	37	18	12	29	566	1,090
Wisconsin	—	0	2	8	25	—	0	2	8	25	—	4	11	168	1,053
W.N. Central	—	1	4	56	79	—	0	2	18	33	7	24	552	1,117	3,712
Iowa	—	0	2	18	15	—	0	1	5	1	—	6	32	256	1,048
Kansas	—	0	1	2	9	—	0	1	2	9	7	6	25	290	474
Minnesota	—	0	2	13	16	—	0	1	4	6	—	0	485	161	1,062
Missouri	—	0	2	14	28	—	0	1	2	13	—	6	42	274	532
Nebraska†	—	0	2	6	6	—	0	1	4	3	—	2	9	90	278
North Dakota	—	0	1	1	1	—	0	1	1	1	—	0	25	26	139
South Dakota	—	0	1	2	4	—	0	0	—	—	—	0	4	20	179
S. Atlantic	3	3	14	177	208	2	1	7	75	95	5	18	46	925	1,337
Delaware	—	0	1	4	4	—	0	1	4	4	—	0	1	3	15
District of Columbia	—	0	1	2	5	—	0	1	2	4	—	0	3	6	8
Florida	2	1	6	67	76	1	0	5	24	32	3	4	9	197	190
Georgia	—	0	3	15	17	—	0	3	15	17	—	0	3	25	47
Maryland†	—	0	2	13	22	—	0	1	3	5	—	3	9	121	195
North Carolina	1	0	11	31	32	1	0	3	11	9	—	0	22	177	118
South Carolina†	—	0	2	20	13	—	0	2	9	8	2	3	11	166	389
Virginia†	—	0	4	16	33	—	0	1	7	14	—	2	27	187	329
West Virginia	—	0	2	9	6	—	0	0	—	2	—	0	9	43	46
E.S. Central	1	1	4	41	54	1	1	4	33	43	1	6	27	355	486
Alabama†	—	0	1	6	5	—	0	1	4	3	1	1	18	109	79
Kentucky	—	0	2	11	18	—	0	2	11	18	—	1	5	54	146
Mississippi	—	0	1	4	7	—	0	1	4	7	—	1	4	41	60
Tennessee†	1	0	2	20	24	1	0	2	14	15	—	3	10	151	201
W.S. Central	—	1	23	56	103	—	0	6	24	26	—	15	360	678	2,238
Arkansas	—	0	3	10	15	—	0	2	7	3	—	1	21	75	288
Louisiana	—	0	2	6	30	—	0	1	3	7	—	0	2	13	51
Oklahoma	—	0	4	11	14	—	0	0	—	2	—	0	124	19	3
Texas†	—	0	16	29	44	—	0	4	14	14	—	12	215	571	1,896
Mountain	—	1	5	65	82	—	0	4	24	23	43	49	230	2,408	3,805
Arizona	—	0	3	17	31	—	0	2	10	10	25	7	177	455	911
Colorado	—	0	2	20	17	—	0	1	2	—	9	13	40	712	1,269
Idaho†	—	0	1	4	6	—	0	1	3	5	—	1	8	84	201
Montana†	—	0	1	5	—	—	0	1	2	—	—	2	9	108	580
Nevada†	—	0	1	4	12	—	0	0	—	2	—	0	9	55	50
New Mexico†	—	0	1	6	5	—	0	1	3	4	1	2	8	112	180
Utah	—	0	1	5	11	—	0	0	—	2	8	14	39	810	564
Wyoming	—	0	2	4	—	—	0	2	4	—	—	1	8	72	50
Pacific	4	5	29	276	223	3	5	25	237	217	27	30	1,334	1,803	3,572
Alaska	—	0	1	3	4	—	0	1	3	4	—	1	15	63	135
California	3	3	14	170	139	3	3	14	170	139	20	21	1,136	1,278	1,840
Hawaii	—	0	2	9	11	—	0	2	9	6	—	1	6	78	160
Oregon†	—	1	7	62	50	—	1	4	43	50	—	2	8	98	616
Washington	1	0	25	32	19	—	0	11	12	18	7	5	195	286	821
American Samoa	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	1	—	0	0	—	1	—	0	0	—	2
Puerto Rico	—	0	0	—	7	—	0	0	—	7	—	0	1	2	6
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 2, 2006, and December 3, 2005 (48th Week)*

Reporting area	Rabies, animal					Rocky Mountain spotted fever					Salmonellosis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	36	119	236	5,774	5,496	7	38	246	1,991	1,662	655	779	2,291	38,635	40,793
New England	4	12	26	626	664	1	0	2	3	8	7	23	462	1,706	2,047
Connecticut	3	3	14	198	195	—	0	0	—	—	—	0	454	454	444
Maine†	—	2	8	112	58	N	0	0	N	N	—	2	10	110	160
Massachusetts	—	3	17	178	317	—	0	1	1	6	—	16	53	782	1,087
New Hampshire	1	1	5	51	12	—	0	1	1	1	3	3	25	202	170
Rhode Island	—	0	3	24	27	1	0	2	1	1	1	0	17	84	95
Vermont†	—	1	5	63	55	—	0	0	—	—	3	1	6	74	91
Mid. Atlantic	9	27	61	1,424	937	—	1	6	80	94	44	84	272	4,700	4,774
New Jersey	N	0	0	N	N	—	0	1	7	29	—	14	48	803	924
New York (Upstate)	9	10	24	513	528	—	0	2	5	1	31	24	233	1,207	1,131
New York City	—	0	5	35	28	—	0	3	23	7	1	22	51	1,147	1,144
Pennsylvania	—	16	45	876	381	—	1	3	45	57	12	29	67	1,543	1,575
E.N. Central	—	2	18	163	168	—	0	6	42	41	69	102	187	4,670	5,350
Illinois	—	0	7	46	50	—	0	2	5	11	—	22	51	1,005	1,753
Indiana	—	0	2	11	11	—	0	1	8	1	17	15	67	801	589
Michigan	—	1	5	48	37	—	0	1	3	6	9	18	35	891	875
Ohio	—	0	9	58	70	—	0	4	25	21	43	23	56	1,203	1,237
Wisconsin	N	0	0	N	N	—	0	1	1	2	—	17	27	770	896
W.N. Central	2	6	20	299	306	—	2	15	206	153	27	44	107	2,452	2,409
Iowa	—	1	7	57	—	—	0	1	5	7	2	8	26	423	390
Kansas	1	1	5	78	74	—	0	1	1	5	7	7	16	345	339
Minnesota	1	0	6	40	68	—	0	2	4	2	18	11	60	668	525
Missouri	—	1	6	65	70	—	2	11	171	127	—	14	35	693	752
Nebraska†	—	0	0	—	—	—	0	5	25	7	—	3	9	179	212
North Dakota	—	0	7	24	30	—	0	1	—	—	—	0	46	28	38
South Dakota	—	1	4	35	64	—	0	0	—	5	—	2	7	116	153
S. Atlantic	19	38	180	2,040	1,985	5	20	94	1,119	833	210	219	394	10,490	11,932
Delaware	—	0	0	—	—	—	0	3	21	7	—	3	10	142	117
District of Columbia	—	0	0	—	—	—	0	1	1	2	1	1	4	60	53
Florida	—	0	164	164	201	1	0	3	21	13	134	95	176	4,452	4,987
Georgia	—	5	24	213	245	1	1	5	49	85	41	31	72	1,646	1,853
Maryland†	—	7	13	318	362	2	1	6	74	69	10	12	29	674	768
North Carolina	7	9	22	488	449	—	17	87	817	468	10	33	130	1,531	1,556
South Carolina†	—	3	11	164	209	—	0	5	33	71	7	18	51	938	1,353
Virginia†	12	11	27	585	454	1	1	13	100	111	7	20	57	913	1,068
West Virginia	—	2	7	108	65	—	0	2	3	7	—	2	19	134	177
E.S. Central	—	4	16	250	143	—	5	31	369	287	92	52	150	2,943	2,788
Alabama†	—	1	8	79	75	—	1	10	115	72	82	16	72	1,101	668
Kentucky	—	0	4	29	17	—	0	1	3	3	2	8	23	411	462
Mississippi	—	0	2	4	5	—	0	1	4	18	—	11	42	709	873
Tennessee†	—	2	9	138	46	—	3	22	247	194	8	15	32	722	785
W.S. Central	—	11	34	562	819	—	1	161	115	212	18	74	922	3,866	4,063
Arkansas	—	0	5	31	33	—	0	10	51	124	18	15	47	884	689
Louisiana	—	0	0	—	—	—	0	1	4	6	—	12	42	740	870
Oklahoma	—	1	9	60	75	—	0	154	36	52	—	8	48	462	382
Texas†	—	10	29	471	711	—	0	4	24	30	—	32	839	1,780	2,122
Mountain	—	3	27	202	266	—	0	6	49	32	52	50	88	2,370	2,256
Arizona	—	2	10	132	165	—	0	6	10	17	32	17	67	806	635
Colorado	—	0	0	—	18	—	0	1	2	4	14	12	30	579	548
Idaho†	—	0	25	25	12	—	0	3	14	3	3	3	9	164	144
Montana†	—	0	2	14	15	—	0	2	2	1	—	2	10	119	132
Nevada†	—	0	1	2	14	—	0	0	—	—	—	3	20	174	186
New Mexico†	—	0	2	10	10	—	0	2	8	4	—	4	15	226	238
Utah	—	0	1	11	15	—	0	2	6	—	3	5	15	259	291
Wyoming	—	0	2	8	17	—	0	1	7	3	—	1	4	43	82
Pacific	2	4	12	208	208	1	0	1	8	2	136	111	426	5,438	5,174
Alaska	—	0	4	15	1	—	0	0	—	—	—	1	7	67	57
California	2	3	11	168	200	1	0	1	6	—	122	90	292	4,285	3,963
Hawaii	—	0	0	—	—	—	0	0	—	—	1	5	18	246	274
Oregon†	—	0	4	25	7	—	0	1	2	2	—	8	16	384	388
Washington	U	0	0	U	U	N	0	0	N	N	13	8	124	456	492
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	7
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	2	3	—	40
Puerto Rico	—	1	6	68	63	N	0	0	N	N	3	4	35	233	604
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 2, 2006, and December 3, 2005 (48th Week)*

Reporting area	Shiga toxin-producing *E. coli* (STEC)†					Shigellosis					Streptococcal disease, invasive, group A				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	39	52	297	2,603	3,041	287	256	1,013	12,429	14,238	57	92	282	4,363	4,154
New England	—	3	80	254	211	1	3	68	223	306	—	4	15	185	266
Connecticut	—	0	79	79	58	—	0	62	62	54	U	0	2	U	95
Maine§	—	0	8	43	29	—	0	2	3	15	—	0	2	17	14
Massachusetts	—	1	9	82	83	—	2	11	128	183	—	2	6	101	121
New Hampshire	—	0	3	25	16	1	0	4	11	17	—	0	9	45	17
Rhode Island	—	0	2	8	7	—	0	3	13	20	—	0	3	8	9
Vermont§	—	0	2	2	18	—	0	2	6	17	—	0	2	14	10
Mid. Atlantic	2	4	107	190	343	6	16	72	774	1,175	13	18	43	842	818
New Jersey	—	0	3	3	73	—	3	34	242	294	—	2	8	122	173
New York (Upstate)	—	0	103	10	130	6	4	60	214	256	9	5	32	286	228
New York City	—	0	4	33	17	—	5	13	235	394	—	3	8	141	161
Pennsylvania	—	0	4	8	123	—	1	6	83	231	4	6	13	293	256
E.N. Central	8	10	56	603	609	9	20	37	926	1,110	4	14	44	724	833
Illinois	—	1	7	75	136	—	7	18	316	378	—	3	11	144	276
Indiana	—	1	8	78	68	1	2	18	151	172	1	2	11	106	95
Michigan	1	1	7	87	87	1	3	8	142	225	2	4	12	202	196
Ohio	7	3	18	186	165	7	3	14	183	118	1	4	19	220	179
Wisconsin	—	2	39	177	153	—	3	9	134	217	—	1	4	52	87
W.N. Central	8	9	33	506	506	17	34	77	1,580	1,615	7	5	57	319	264
Iowa	—	2	8	115	95	—	2	10	104	95	N	0	0	N	N
Kansas	—	0	4	26	53	2	2	20	134	239	—	1	5	51	38
Minnesota	6	3	27	225	165	14	3	23	217	87	6	0	52	149	101
Missouri	—	1	10	82	94	—	9	69	613	954	—	1	5	71	65
Nebraska§	—	1	8	55	60	1	2	14	119	143	1	0	4	29	22
North Dakota	—	0	15	—	8	—	0	18	103	4	—	0	5	11	13
South Dakota	—	0	5	49	31	—	6	22	290	93	—	0	1	8	25
S. Atlantic	9	9	39	448	387	108	57	142	3,115	2,275	18	21	44	1,067	866
Delaware	—	0	2	11	9	—	0	2	10	11	—	0	2	10	6
District of Columbia	—	0	1	3	1	1	0	2	17	15	2	0	2	17	11
Florida	2	2	29	87	87	50	27	76	1,473	1,122	1	5	16	274	235
Georgia	2	2	6	84	49	55	19	72	1,165	626	9	4	12	231	188
Maryland§	4	1	8	97	73	1	2	10	122	97	5	4	12	189	166
North Carolina	2	2	7	106	60	—	1	21	151	184	1	0	26	149	118
South Carolina§	—	0	2	9	12	—	1	9	72	97	—	1	6	54	33
Virginia§	—	0	8	—	92	1	2	9	101	122	—	2	11	116	87
West Virginia	—	0	5	12	4	—	0	2	4	1	—	0	6	27	22
E.S. Central	—	1	12	93	173	53	13	80	874	1,141	1	3	11	181	168
Alabama§	2	0	5	41	29	45	4	72	407	211	N	0	0	N	N
Kentucky	—	1	12	93	74	1	4	15	227	306	—	0	5	35	32
Mississippi	—	0	0	—	8	—	1	9	86	95	—	0	0	—	—
Tennessee§	—	0	4	24	62	7	2	12	154	529	1	3	9	146	136
W.S. Central	—	1	52	76	106	29	36	596	1,677	3,421	3	7	58	338	295
Arkansas	—	0	7	33	13	2	2	9	115	58	—	0	5	25	21
Louisiana	—	0	1	—	21	—	0	25	132	135	—	0	2	8	—
Oklahoma	—	0	17	43	27	—	2	286	125	608	—	2	14	93	110
Texas§	1	2	44	108	45	27	30	308	1,305	2,620	3	4	43	212	164
Mountain	9	5	16	303	299	27	23	86	1,350	897	11	11	77	588	538
Arizona	8	2	13	124	30	17	11	34	673	475	3	6	57	314	227
Colorado	1	1	8	102	81	7	4	15	232	159	7	3	8	130	164
Idaho§	1	1	7	81	50	—	0	3	15	17	—	0	2	8	3
Montana§	—	0	0	—	16	—	0	13	54	5	—	0	0	—	—
Nevada§	—	0	5	22	24	—	1	20	103	62	—	0	0	—	—
New Mexico§	—	0	1	4	24	—	2	15	163	130	—	1	7	67	79
Utah	5	1	14	120	64	3	1	6	78	44	1	1	7	65	60
Wyoming	—	0	3	18	10	—	0	8	32	5	—	0	1	4	5
Pacific	3	2	50	130	407	37	39	148	1,910	2,298	—	3	9	119	106
Alaska	—	0	0	—	—	—	0	2	9	11	—	0	0	—	—
California	—	0	18	—	142	36	31	104	1,608	1,998	—	0	0	—	—
Hawaii	—	0	3	18	13	—	1	4	43	32	—	3	9	119	106
Oregon§	—	2	14	107	152	—	1	31	115	123	N	0	0	N	N
Washington	3	2	32	112	100	1	2	43	135	134	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	7	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	3	—	20	—	0	0	—	—
Puerto Rico	—	0	0	—	2	—	0	2	13	9	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Includes *E. coli* O157:H7; Shiga toxin positive, serogroup non-0157; and Shiga toxin positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 2, 2006, and December 3, 2005 (48th Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease Drug resistant, all ages					Syphilis, primary and secondary					Varicella (chickenpox)				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005
United States	31	51	333	2,261	2,367	97	175	334	8,300	7,874	940	834	2,857	38,520	27,000
New England	—	1	24	36	214	8	4	17	195	200	44	32	144	1,384	4,933
Connecticut	U	0	7	U	88	3	0	11	51	46	U	0	55	U	1,545
Maine†	—	0	2	9	N	—	0	2	8	1	—	2	20	151	288
Massachusetts	—	0	5	—	97	2	2	6	109	115	—	0	54	94	2,148
New Hampshire	—	0	0	—	—	1	0	2	12	15	6	6	47	465	310
Rhode Island	—	0	11	13	18	2	0	2	13	22	—	0	0	—	—
Vermont†	—	0	2	14	11	—	0	1	2	1	38	12	50	674	642
Mid. Atlantic	1	3	15	162	191	12	21	35	1,027	951	119	102	183	4,545	4,515
New Jersey	N	0	0	N	N	—	3	8	150	126	—	0	0	—	—
New York (Upstate)	—	1	10	59	72	3	3	14	139	72	—	0	0	—	—
New York City	U	0	0	U	U	8	10	23	506	569	—	0	0	—	—
Pennsylvania	1	2	9	103	119	1	5	12	232	184	119	102	183	4,545	4,515
E.N. Central	9	11	41	521	586	6	17	39	817	848	321	268	587	13,752	5,533
Illinois	—	0	3	17	32	—	7	23	381	478	—	1	7	68	93
Indiana	7	2	21	153	178	1	1	5	86	57	—	0	475	475	—
Michigan	—	0	4	18	41	—	2	19	110	78	85	104	172	4,374	3,549
Ohio	2	6	32	333	335	3	3	8	177	200	236	130	420	8,191	1,468
Wisconsin	N	0	0	N	N	2	1	4	63	35	—	11	52	644	423
W.N. Central	1	1	191	102	43	3	5	12	243	237	16	28	98	1,630	600
Iowa	N	0	0	N	N	—	0	3	18	8	N	0	0	N	N
Kansas	N	0	0	N	N	1	0	3	24	17	16	3	24	311	—
Minnesota	—	0	191	60	—	—	0	2	29	68	—	0	0	—	—
Missouri	—	1	3	39	35	1	3	8	155	138	—	22	82	1,196	407
Nebraska†	—	0	1	1	2	1	0	1	4	4	—	0	0	—	—
North Dakota	—	0	0	—	3	—	0	1	1	1	—	0	17	45	61
South Dakota	1	0	1	2	3	—	0	3	12	1	—	1	10	78	132
S. Atlantic	18	25	53	1,195	999	21	42	186	1,948	1,973	97	88	860	4,106	2,475
Delaware	—	0	0	—	3	—	0	2	17	10	—	1	6	63	28
District of Columbia	—	0	3	26	15	2	2	9	117	102	1	0	5	46	37
Florida	13	14	36	665	536	5	15	23	676	657	20	0	0	20	—
Georgia	5	6	29	401	334	4	6	147	355	448	—	0	0	—	—
Maryland†	—	0	0	—	—	5	5	19	265	292	—	0	4	11	—
North Carolina	N	0	0	N	N	2	5	17	274	251	—	0	0	—	—
South Carolina†	—	0	0	—	—	1	1	6	63	81	22	18	53	1,005	576
Virginia†	N	0	0	N	N	2	3	17	176	129	26	29	812	1,556	748
West Virginia	—	1	14	103	111	—	0	1	5	3	28	26	70	1,405	1,086
E.S. Central	2	3	13	135	174	13	13	26	676	447	3	1	70	134	221
Alabama†	N	0	0	N	N	7	5	19	295	149	3	1	70	132	221
Kentucky	—	0	2	—	31	2	1	8	65	50	N	0	0	N	N
Mississippi	—	0	0	—	1	—	1	7	69	46	—	0	1	2	—
Tennessee†	2	3	13	135	142	4	5	13	247	202	N	0	0	N	N
W.S. Central	—	0	5	20	110	12	29	55	1,457	1,164	251	188	1,757	10,351	6,301
Arkansas	—	0	3	12	14	1	1	6	75	47	72	11	110	887	32
Louisiana	—	0	4	8	96	4	4	27	268	263	—	0	8	48	122
Oklahoma	N	0	0	N	N	—	1	6	66	37	—	0	0	—	—
Texas†	N	0	0	N	N	7	22	36	1,048	817	179	170	1,647	9,416	6,147
Mountain	—	2	9	90	50	7	8	25	381	393	89	58	137	2,618	2,422
Arizona	N	0	0	N	N	7	3	16	171	158	—	0	0	—	—
Colorado	N	0	0	N	N	—	1	3	44	44	30	31	76	1,388	1,690
Idaho†	N	0	0	N	N	—	0	1	2	20	—	0	0	—	—
Montana†	—	0	1	—	—	—	0	1	1	6	—	0	3	6	—
Nevada†	—	0	0	—	—	—	1	12	95	102	—	0	0	—	—
New Mexico†	—	0	1	1	—	—	1	5	59	54	2	4	34	345	206
Utah	—	1	9	47	25	—	0	2	9	9	57	13	55	826	473
Wyoming	—	1	4	42	25	—	0	0	—	—	—	0	11	53	53
Pacific	—	0	0	—	—	15	35	51	1,556	1,661	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	4	9	6	—	0	0	—	—
California	N	0	0	N	N	4	29	43	1,342	1,469	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	17	11	N	0	0	N	N
Oregon†	N	0	0	N	N	6	0	3	24	36	N	0	0	N	N
Washington	N	0	0	N	N	5	2	10	164	139	N	0	0	N	N
American Samoa	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	3	—	3	5	—	435
Puerto Rico	N	0	0	N	N	5	3	10	130	206	5	7	47	321	668
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 2, 2006, and December 3, 2005 (48th Week)*

Reporting area	West Nile virus disease†									
	Neuroinvasive					Non-neuroinvasive				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	—	1	176	1,388	1,191	—	1	383	2,454	1,683
New England	—	0	3	9	9	—	0	2	3	4
Connecticut	—	0	3	7	4	—	0	1	2	2
Maine§	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	2	4	—	0	1	1	2
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	0	—	1	—	0	0	—	—
Vermont§	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	0	11	26	47	—	0	4	10	22
New Jersey	—	0	2	2	3	—	0	1	2	3
New York (Upstate)	—	0	5	8	19	—	0	1	3	5
New York City	—	0	4	8	11	—	0	2	4	3
Pennsylvania	—	0	2	8	14	—	0	1	1	11
E.N. Central	—	0	43	236	259	—	0	22	99	156
Illinois	—	0	21	116	137	—	0	19	70	115
Indiana	—	0	7	26	11	—	0	2	7	12
Michigan	—	0	10	47	54	—	0	1	2	8
Ohio	—	0	11	36	46	—	0	3	11	15
Wisconsin	—	0	2	11	11	—	0	2	9	6
W.N. Central	—	0	35	216	169	—	0	79	477	463
Iowa	—	0	3	21	14	—	0	4	13	23
Kansas	—	0	3	17	17	—	0	3	13	N
Minnesota	—	0	6	30	18	—	0	7	35	27
Missouri	—	0	13	47	17	—	0	2	12	13
Nebraska§	—	0	9	43	55	—	0	37	212	133
North Dakota	—	0	5	20	12	—	0	28	117	74
South Dakota	—	0	7	38	36	—	0	22	75	193
S. Atlantic	—	0	2	14	34	—	0	4	7	29
Delaware	—	0	0	—	1	—	0	0	—	1
District of Columbia	—	0	0	—	3	—	0	1	1	2
Florida	—	0	1	3	10	—	0	0	—	11
Georgia	—	0	1	2	9	—	0	3	5	11
Maryland§	—	0	2	7	4	—	0	1	1	1
North Carolina	—	0	0	—	2	—	0	0	—	2
South Carolina§	—	0	1	1	5	—	0	0	—	—
Virginia§	—	0	0	—	—	—	0	0	—	1
West Virginia	—	0	1	1	—	N	0	0	N	N
E.S. Central	—	0	14	109	65	—	0	16	94	38
Alabama§	—	0	2	7	6	—	0	0	—	4
Kentucky	—	0	0	—	5	—	0	1	1	—
Mississippi	—	0	10	87	39	—	0	16	91	31
Tennessee§	—	0	4	15	15	—	0	2	2	3
W.S. Central	—	0	59	350	157	—	0	26	208	150
Arkansas	—	0	4	23	13	—	0	2	5	15
Louisiana	—	0	14	88	—	—	0	9	81	54
Oklahoma	—	0	6	27	17	—	0	4	18	14
Texas§	—	0	38	212	127	—	0	15	104	67
Mountain	—	0	61	342	145	—	0	222	1,321	240
Arizona	—	0	9	48	52	—	0	12	58	61
Colorado	—	0	10	63	21	—	0	51	269	85
Idaho§	—	0	30	111	3	—	0	151	752	10
Montana§	—	0	3	12	8	—	0	7	21	17
Nevada§	—	0	9	34	14	—	0	13	75	17
New Mexico§	—	0	1	3	20	—	0	1	5	13
Utah	—	0	8	56	21	—	0	17	101	31
Wyoming	—	0	7	15	6	—	0	8	40	6
Pacific	—	0	15	86	306	—	0	45	235	581
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	15	79	305	—	0	33	182	575
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon§	—	0	2	7	1	—	0	12	50	6
Washington	—	0	0	—	—	—	0	2	3	—
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed) (ArboNET Surveillance).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending December 2, 2006 (48th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	554	380	118	31	11	14	44
Boston, MA	128	70	30	15	6	7	7
Bridgeport, CT	39	30	4	3	1	1	6
Cambridge, MA	15	11	4	—	—	—	2
Fall River, MA	18	13	4	1	—	—	1
Hartford, CT	77	50	21	4	—	2	8
Lowell, MA	34	24	7	1	1	1	5
Lynn, MA	10	6	3	1	—	—	—
New Bedford, MA	24	18	6	—	—	—	1
New Haven, CT	U	U	U	U	U	U	U
Providence, RI	70	49	20	—	1	—	6
Somerville, MA	—	—	—	—	—	—	—
Springfield, MA	53	41	7	3	—	2	5
Waterbury, CT	31	25	5	1	—	—	2
Worcester, MA	55	43	7	2	2	1	1
Mid. Atlantic	2,233	1,553	476	129	31	42	122
Albany, NY	48	29	16	1	1	1	3
Allentown, PA	29	24	3	2	—	—	3
Buffalo, NY	95	66	22	5	1	1	11
Camden, NJ	35	19	10	1	1	4	1
Elizabeth, NJ	15	9	3	2	1	—	—
Erie, PA	58	49	6	1	—	2	3
Jersey City, NJ	22	12	8	2	—	—	2
New York City, NY	1,149	785	264	71	14	14	60
Newark, NJ	32	14	10	6	1	1	1
Paterson, NJ	23	14	8	1	—	—	—
Philadelphia, PA	272	175	58	22	9	8	13
Pittsburgh, PA§	29	20	5	3	—	—	—
Reading, PA	35	31	1	2	—	1	1
Rochester, NY	196	151	35	2	2	6	15
Schenectady, NY	23	18	3	1	1	—	2
Scranton, PA	41	30	9	1	—	1	1
Syracuse, NY	60	49	8	—	—	3	3
Trenton, NJ	35	28	5	2	—	—	1
Utica, NY	14	10	—	4	—	—	1
Yonkers, NY	22	20	2	—	—	—	1
E.N. Central	2,189	1,463	499	126	47	54	139
Akron, OH	73	50	17	4	1	1	2
Canton, OH	40	30	6	3	—	1	2
Chicago, IL	327	196	98	19	9	5	23
Cincinnati, OH	100	59	28	5	2	6	12
Cleveland, OH	229	183	34	3	1	8	16
Columbus, OH	221	147	48	13	6	7	12
Dayton, OH	144	114	20	7	1	2	7
Detroit, MI	197	103	60	19	9	6	9
Evansville, IN	62	46	14	1	—	1	6
Fort Wayne, IN	69	51	9	6	3	—	5
Gary, IN	16	6	7	3	—	—	1
Grand Rapids, MI	52	37	10	1	1	3	3
Indianapolis, IN	207	129	58	13	2	5	12
Lansing, MI	70	48	16	4	—	2	2
Milwaukee, WI	22	16	3	1	—	2	—
Peoria, IL	58	45	9	3	1	—	9
Rockford, IL	64	31	10	15	6	2	—
South Bend, IN	80	59	17	2	1	1	5
Toledo, OH	105	71	26	4	4	—	8
Youngstown, OH	53	42	9	—	—	2	5
W.N. Central	538	347	131	29	18	13	41
Des Moines, IA	—	—	—	—	—	—	—
Duluth, MN	38	28	6	3	—	1	2
Kansas City, KS	39	23	10	2	4	—	1
Kansas City, MO	75	48	17	5	3	2	5
Lincoln, NE	37	29	8	—	—	—	1
Minneapolis, MN	82	44	27	4	4	3	6
Omaha, NE	100	63	21	7	5	4	12
St. Louis, MO	U	U	U	U	U	U	U
St. Paul, MN	66	50	11	3	—	2	8
Wichita, KS	101	62	31	5	2	1	6
S. Atlantic	1,138	712	297	75	33	21	69
Atlanta, GA	U	U	U	U	U	U	U
Baltimore, MD	139	80	45	9	3	2	15
Charlotte, NC	132	82	34	10	4	2	10
Jacksonville, FL	183	105	55	19	4	—	8
Miami, FL	65	41	16	5	2	1	5
Norfolk, VA	48	35	8	3	1	1	3
Richmond, VA	63	39	19	4	—	1	4
Savannah, GA	77	47	18	7	3	2	2
St. Petersburg, FL	67	36	20	3	3	5	5
Tampa, FL	244	175	46	9	9	5	12
Washington, D.C.	101	56	33	6	4	2	1
Wilmington, DE	19	16	3	—	—	—	4
E.S. Central	804	526	186	53	17	22	54
Birmingham, AL	204	134	51	8	4	7	17
Chattanooga, TN	95	70	13	4	3	5	6
Knoxville, TN	104	67	28	7	2	—	6
Lexington, KY	69	44	15	8	1	1	6
Memphis, TN	78	51	18	6	2	1	7
Mobile, AL	41	29	7	5	—	—	1
Montgomery, AL	50	35	13	2	—	—	1
Nashville, TN	163	96	41	13	5	8	10
W.S. Central	1,545	991	345	116	51	42	87
Austin, TX	111	69	26	10	4	2	11
Baton Rouge, LA	35	20	—	—	10	5	2
Corpus Christi, TX	69	48	15	4	2	—	6
Dallas, TX	243	152	54	22	6	9	12
El Paso, TX	60	44	11	4	—	1	2
Fort Worth, TX	120	78	32	6	1	3	9
Houston, TX	381	240	91	36	10	4	15
Little Rock, AR	87	56	17	5	3	6	5
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	274	177	58	20	11	8	18
Shreveport, LA	88	60	19	3	2	4	4
Tulsa, OK	77	47	22	6	2	—	3
Mountain	990	627	228	80	33	22	55
Albuquerque, NM	141	94	27	12	5	3	10
Boise, ID	47	37	9	—	—	1	3
Colorado Springs, CO	77	49	15	5	4	4	4
Denver, CO	75	40	21	7	3	4	1
Las Vegas, NV	204	126	55	13	5	5	12
Ogden, UT	30	18	8	3	1	—	3
Phoenix, AZ	146	75	40	21	8	2	7
Pueblo, CO	35	22	8	2	3	—	3
Salt Lake City, UT	113	75	25	9	3	1	7
Tucson, AZ	122	91	20	8	1	2	5
Pacific	1,479	1,036	317	64	32	30	116
Berkeley, CA	17	11	4	—	—	2	1
Fresno, CA	126	96	20	6	2	2	9
Glendale, CA	U	U	U	U	U	U	U
Honolulu, HI	76	46	25	3	2	—	6
Long Beach, CA	75	54	9	6	4	2	9
Los Angeles, CA	U	U	U	U	U	U	U
Pasadena, CA	27	21	5	1	—	—	2
Portland, OR	146	101	31	6	3	5	10
Sacramento, CA	251	173	59	11	5	3	24
San Diego, CA	168	112	37	9	2	8	19
San Francisco, CA	103	76	23	1	1	2	9
San Jose, CA	148	106	34	3	3	2	12
Santa Cruz, CA	39	26	9	2	2	—	1
Seattle, WA	136	85	36	8	4	3	5
Spokane, WA	63	55	3	4	1	—	6
Tacoma, WA	104	74	22	4	3	1	3
Total	11,470**	7,635	2,597	703	273	260	727

U: Unavailable. —:No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

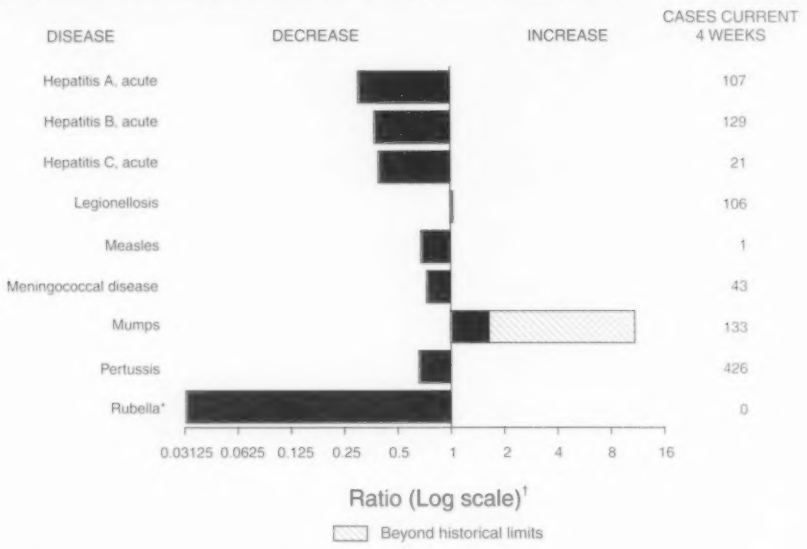
† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted.

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals December 2, 2006, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 48 of zero (0).
† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

Notifiable Disease Data Team and 122 Cities Mortality Data Team

Patsy A. Hall
Deborah A. Adams
Willie J. Anderson
Lenee Blanton
Rosaline Dhara
Vernitta Love
Pearl C. Sharp

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of c in electronic format. To receive an electronic copy each week, send an e-mail message to *listserv@listserv.cdc.gov*. The body content should read *SUBscribe n toc*. Electronic copy also is available from CDC's Internet server at *http://www.cdc.gov/mmwr* or from CDC's file transfer protocol server at *ftp://ftp.cdc.go publications/mmwr*. Paper copy subscriptions are available through the Superintendent of Documents, U.S. Government Printing Office, Washingtor 20402; telephone 202-512-1800.

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of busin Friday; compiled data on a national basis are officially released to the public on the following Friday. Data are compiled in the National Center for Public H Informatics, Division of Integrated Surveillance Systems and Services. Address all inquiries about the *MMWR* Series, including material to be consider publication, to Editor, *MMWR* Series, Mailstop E-90, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333 or to *www.mmwrq@cdc.gov*.

All material in the *MMWR* Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciat

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Se

References to non-CDC sites on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizati their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of these sites. URL addresses lis *MMWR* were current as of the date of publication.

☆U.S. Government Printing Office: 2006-523-056/40092 Region IV ISSN: 0149-2195

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
ATLANTA, GA 30333

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE $300
RETURN SERVICE REQUESTED

93036 0001
PROQUEST INFORMATION & LEARNING
PERIODICALS ACQUISITION
PO BOX 1346
ANN ARBOR, MI 48106-1346

FIRST-CLASS MAIL
POSTAGE & FEES PAID
PHS/CDC
Permit No. G-284